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ABSTRACT

The manual presents guidelines for teachers and administrators in public schools for dealing with behaviorally disordered students. Among the topics discussed are the legal basis for providing education services for such students (including the State of Missouri Education for the Handicapped Act and the Federal Education for All Handicapped Act), the learner and behavioral conflicts (including definitions and characteristics), identification and diagnosis of the behaviorally disordered student (including the screening procedure and the diagnostic process), the educational program (including service alternatives), sources of revenue, and teacher and personnel certification requirements. Appended are brief descriptions of related tests and films, and a bibliography. (DLS)

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BEHAVIORAL DISORDERS: A Manual For Teachers And School Administrators

Developed and Written by
George J. Yard, Ph.D.

Sponsored
by

Midwest Regional Resource Center
Drake University
Des Moines, Iowa 50311

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FOREWORD

This document was developed as a support activity by the Midwest Regional Resource Center for the Missouri Department of Elementary and Secondary Education, Division of Special Services. Behavioral disorders were identified by the Missouri Division of Special Services as a priority area. They wanted support services from the Midwest Regional Resource Center.

The intent in developing the document was to provide Missouri with a resource to use in producing their Guidelines for Behavioral Disorders. It is anticipated that the document can be useful for local education agency administrative or consultive personnel, to assist with the development of programs in their districts.

This document will also be provided to the Region #4 states of Arkansas, Iowa, Kansas, Missouri, Nebraska, North Dakota, Oklahoma and South Dakota, as part of the Midwest Regional Resource Center's resource sharing system.

The Midwest Regional Resource Center gives special acknowledgement to the author contracted for this document. Dr. George J. Yard is Chairman of the Special Education Area, Department of Behavioral Studies, School of Education, University of Missouri, St. Louis. The author was assisted by a Professional Advisory Committee, who spent long hours and dedicated efforts in reviewing the manual drafts. Appreciation is extended to those members: Dr. Anthony A. Casey, Christine Hutchinson, Sheila Plummer, Kent Robison, Patricia Rohan and Debra Sears.

Raymond L. Feltner
Project Director
Midwest Regional Resource Center

AN INTRODUCTION TO THE MANUAL

Behavior Disorders have and continue to be a dilemma to educators throughout the country. Teachers and administrators are constantly asking the same questions: "Who are these children?" and, most importantly, "How do I help these children and adolescents?"

This manual is an effort to answer many of those questions and to provide a "blueprint" or "guideline" for schools who have or suspect they have a behaviorally disordered child or adolescent. This is not a cookbook and does not give a step by step procedure for setting up a behavior disorders classroom. It is anticipated that this manual will cause other such manuals to be written which may provide that cookbook approach.

The author has attempted to select approved methods relative to the topical area of behavioral disorders. Other methods are available and should be examined by school personnel.

When Missouri school personnel are confronted with problems that are not addressed in this manual they are advised to contact the Director of Special Education, Missouri Department of Elementary and Secondary Education.

TABLE OF CONTENTS

The Legal Basis for Providing Education Services 1

State of Missouri Education for the Handicapped Act of 1977 (H.B. 474) 2

Federal Education for All Handicapped Act of 1975 P.L. 94-142 4

The Learner and Behavioral Conflicts 7

Introduction 8

Definition 10

Characteristics 11

Identification and Diagnosis of the Behaviorally Disordered Student 25

Screening Procedure 26

Diagnostic Process 37

The Educational Program 44

Assignment to Special Services 45

Service Alternatives 46

Sources of Revenue 53

Teacher and Personnel Certification Requirements 56

Appendix A (Tests) 64

Appendix B (Films) 77

Appendix C (Bibliography) 90

THE LEGAL BASIS FOR PROVIDING EDUCATIONAL SERVICES FOR THE BEHAVIOR DISORDERED IN MISSOURI PUBLIC SCHOOLS

STATE OF MISSOURI EDUCATION FOR THE
HANDICAPPED ACT OF 1973

(House Bill 474)

1. Statement of Policy -- In order to fully implement section 1(a) of Article IX, Constitution of Missouri, 1945, providing for the establishment and maintenance of free public schools for gratuitous instruction of all persons in this State within ages not in excess of twenty-one years as prescribed by law, it is hereby declared the policy of the State of Missouri to provide or to require public schools to provide to all handicapped and severely handicapped children within the ages prescribed herein, as an integral part of Missouri's system of gratuitous education, special educational services sufficient to meet the needs and maximize the capabilities of handicapped and severely handicapped children. The need of such children for early recognition, diagnosis and intensive educational services leading to more successful participation in home, employment and community life is recognized. The timely implementation of this policy is declared to be an integral part of the policy of this state. (162.67, RSMo).

2. Definition -- Handicapped students are defined, according to the Law (162.675, RSMo) as children under the age of twenty-one years who have not completed an approved high school program and who, because of mental, physical, emotional or learning problems, require special educational services in order to develop to their maximum capacity. Severely handicapped children are handicapped children under the age of twenty-one years who because of the extent of the handicapping condition or conditions, as determined by competent professional evaluation, are unable to benefit from or meaningfully participate in programs in the public schools of a regular or special nature.

3. Special educational services, according to the law (162.675, RSMo), means programs designed to meet the needs and maximize the capabilities of handicapped or severely handicapped children and which include, but are not limited to, the provision of diagnostic and evaluation services, student and parent counseling, itinerant, homebound and referral assistance, organized instructional and therapeutic programs, transportation, and corrective and supportive services.

4. Local school districts shall provide special educational services for handicapped children five years of age or more residing in the district and may provide special educational services for handicapped children under the age of five years residing in the district (162.700 RSMo).

Every local school district or, if a special school district is in operation, every special school district shall obtain current, appropriate diagnostic reports for each handicapped child prior to assignment in a special program (162.700 RSMo).

5. Provisions by school district -- If a school district fails or is unable to provide special educational services to each handicapped child as required in sections 162.705 to 162.995, the district shall contract with a nearby district, or districts, or public agency or agencies for such special educational services. If the board of education of the district finds that no adequate program for handicapped children is available in nearby districts or through public agencies, it may contract with nonprofit organizations within the state which have programs meeting standards established by the state board of education (162.705 RSMo).

FEDERAL EDUCATION FOR ALL HANDICAPPED ACT OF 1975

(Public Law 94-142)

1. Purpose of Act -- To assure that all handicapped children have available to them, within the time periods specified, a free appropriate public education, which emphasizes special education and related services designed to meet their unique needs.....(601(c))

2. Definition -- The term "free appropriate public education" means special education and related services which (A) have been provided at public expense, under public supervision and direction, without charge; (B) meet State Education Agency standards; (C) include an appropriate pre-school elementary, or secondary school education in the State involved; and (D) are provided in conformity with the individual education program.... (602(18))

The term "special education" means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. (602(16))

The term "related services" means transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children. (602(17))

3. State Policy -- Each state must demonstrate....that it has.... a policy that assures a handicapped child the right to a free appropriate public education. (612(1))

4. State Education Agency Eligibility -- Each state must have a plan developed which will assure implementation of the right to education policy .....(612(1))

1. State policy assuring all handicapped children....right to a free appropriate public education.

2. State develop a plan.....set forth detail policies..... procedures which the State will undertake.....to assure that

   (a) ....a goal of full educational opportunity.....

   (b) a free appropriate public education will be available.....

   3-18 by September 1, 1978
   3-21 by September 1, 1980

   (c) All handicapped who are in need of special education and related services are identified, located and evaluated.....

   (d) disseminate information and promote the education of all handicapped children.....

   (e) the plan shall be made public.....hold public hearings.....

3. Priorities.....first with respect to handicapped children who are not receiving an education, second with respect to the most severely handicapped who are receiving an inadequate education.....

4. Each local education agency will maintain records of the individualized education program for each handicapped child.

5. Local Education Agency Responsibility.

   (a) State has established procedural safeguards.

   (b) State assures that handicapped children will be educated with non-handicapped children to the maximum extent appropriate.

(c) State assures that non-discriminatory testing is practiced.

6. State education agency will assure that all educational programs for handicapped, including programs administered by any other State or local agency, will be under the general supervision of the state education agency and will meet state education agency standards.

7. (a) State will assure that procedures are established for consultation with individuals concerned with education of handicapped, including handicapped individuals.

(b) Prior to adoption of policy, an opportunity for public comments and hearings will be available with adequate notice provided for such hearings.

The local district's responsibilities include but are not limited to some of the following:

1. Conduct an Annual Census of handicapped children ages 0-21.

2. Provide a full free appropriate educational service to all school age handicapped students.

3. Provision of an Individual Education Program for all school age handicapped children.

4. Provision of due process to the student and parents concerning special education services.

5. Contracting for educational services for handicapped students if services are not available in the district.

6. Refer severely handicapped students to the State Board of Education for educational services. (The local district may serve severely handicapped students.)

7. Provision of transportation of the handicapped students to and from educational programs.

THE LEARNER AND BEHAVIORAL CONFLICTS

Introduction to Behavioral Disorders

"The behaviorally disordered child is a socialization failure. Underlying all specialized terms and complex diagnostic labels used to describe him is the implication that his behavior, for whatever reason, is maladaptive according to the expectations of the society in which he lives." (Hewett, 1968). This statement lays the general groundwork for determining which children are handicapped by their behavior. To aid in identifying these children certain guidelines are needed to define the parameters of Howett's description. How does one begin to assess what behavior is maladaptive and what are these behavioral expectations?

Educators are concerned with finding the most appropriate educational services for the individual child. In considering which children may be eligible for programs for the behavior disordered, the school personnel must carefully decide what comprises "maladaptive" behavior and to what extent has the child failed to adapt. The first effort must be a consideration of the severity of the behavior. Is this child's behavior of a serious nature? With each behavior the educator needs to see whether the child's performance is actually closer to a mild form of the same behavior or whether it is nearer to the extreme level of the behavior.

Another aspect of identification is to determine precisely how often the behavior occurs. Does it occur on a chronic basis? The rate of occurence must be measured so that the level of the child's involvement can be evaluated.

In addition to asking "how much" and "how often" the educator must observe that the behavior is fairly generalized and that it is not tied to the child's interaction with a specific person, situation, or environment. In other words, unless some adjustments are made, the child's behavior will appear with a number of people, in different places, and under many circumstances.

In defining maladjustment the educator needs to keep these factors in mind. These factors must be applied in assessing the type of behavior that is commonly observed in behavior disorder children. This section will describe the types of behavior indicating maladjustment.

DEFINITION

Educationally, the term "behavioral disorder" is used to refer to the child who does not adjust to acceptable patterns of behavior in his school environment to the extent that it interferes with his classroom achievement or that of his classmates.

The child's difficulties in school adjustment patterns may range from withdrawn to acting out behavior. These difficulties may be observed in relationship to academic functioning, social interaction, or inability to attend in various educational settings.

WHY CHILDREN MISBEHAVE

A child desperately wants to belong. If he feels accepted, the child maintains his courage, he presents few problems. He does what the situation requires and gets a sense of belonging through his usefulness and participation. But if he has become discouraged, his sense of belonging is restricted. His interest turns from participation in the group to a desperate attempt at getting personal status. All his attention is turned toward this end; he may get it through efforts on the useless side. There are four recognized "mistaken goals" that such children pursue without being aware of it. It is essential to understand these mistaken goals if we attempt to redirect the child into a constructive approach to social living.

Every action of the child has a purpose. His basic aim is to belong and to find his place in the group or family. A well behaved and a well adjusted child has found his way toward social acceptance by conforming to the requirements of the group and by making useful contributions. The child who misbehaves believes that his actions will bring him significance. He may direct himself toward getting attention, or he may attempt to demonstrate his power. He may seek revenge or display inadequacy in order to be exempted from any task. Stated more simply, the four goals of misbehavior: (Dreikurs, 1968)

A. AGM - Attention Getting Mechanism - to gain attention, to gain recognition, to get service, to keep others busy, to make others feel sorry.

B. Power seeking - to prove his power to defeat adults.

C. Revenge seeking - to get even or to hurt those who hurt him.

D. Assumed or real disability - to display deficiency or inadequacy in order to be left alone. He wants to avoid his deficiency from becoming obvious.

THE PRE-SCHOOL TO SCHOOL AGE CHILD
(3 Yrs. - 5 Yrs.)

Description	Characteristics		Service Delivery Method
Normal Behavior of 3-5 year old children	1. Satisfaction from accomplishing simple motor skills. 2. Investigative, imitative and imaginative in play. 3. Exercises autonomy. 4. Imitates behavior of parents and siblings.	5. Learns speech for communication. 6. Begins to become aware of intense feelings such as joy, love, hate, shame. 7. Knows difference between "bad" and "good." 8. Some sex curiosity. 9. Questions birth and death	1. May be enrolled in day care or preschool. 2. Natural home situation.
Mild to Moderate behavior Problems of 3-5 year old children	1. Poor coordination 2. Persistent speech problems 5. Problem with eating, sleeping, toilet 6. Temper tantrums 7. Partial return to infantile mannerisms 9. Breath-holding	Withdrawn 3. Fearful of people and experiences. 4. Fears and occasional nightmares. 8. Fear of strangers. 10. Lack of interest in other children	1. May be enrolled in day care or preschool which has programs for special children. 2. Parents may have contact with pediatrician to determine if health problem exists. 3. Natural home situation with parents receiving specialized training to better cope with situation.
Severe to Profound Behavior Problems of 3-5 year old children	5. Excessive bedwetting or soiling 6. Complete infantile behavior 7. "Ritual" like mannerisms 8. Impulsive destructive behavior.	1. Extreme passivity or lethargy. 2. No communication. 3. No response of relation ship to other people. 4. Constant ills such as vomiting, rash, tics.	1. May have child evaluated in both physical and mental areas 2. Parents and child may need help in psychotherapy. 3. Intervention by Mental Health professionals in day care setting. 4. May ultimately need extended care in mental health facility.

SCHOOL AGE - PRE-ADOLESCENCE
(6 Yrs. - 12 Yrs.)

Description	Characteristics		Service Delivery Method
Normal Behavior of 6-12 year old children	1. Greater body control 2. Better impulse control. 3. Ambiviant toward some things 4. Accepts own sex role 5. Equates parents with peers and other adults 6. Competitive but well organized in school and play	7. Respects rules and regulations 8. Explores environment on his own 9. Cognitive advance to initiative thinking. 10. Responds to learning. 11. Speech becomes reasoning and expressive.	1. Regular Public or Private educational program.
Mild to Moderate Behavior Problems of 6-12 year old children	Acting Out 1. Lack of attentiveness, learning difficulties 2. Lying, stealing, temper outbursts, inappropriate social behavior. 3. Appearance of compulsive mannerisms 4. Peer rivalry, siblings, adults, constant fighting 5. Destructive tendencies, temper tantrums.	Withdrawn 1. Anxiety and overly sensitive to new experiences. 2. Regressive behavior. 3. Unwillingness to do things for self. 4. Moodiness and withdrawal, few friends or personal relationships.	1. Special help from regular classroom teacher using an individual education plan developed by school, parents and students. 2. Itinerant teaching regular school. 3. Resource room regular school. 4. Parents may desire help from mental health professions for counselling. 5. Special class placement in regular school setting.
Severe to Profound Behavior Problems of 6-12 year children	1. Extreme and uncontrollable antisocial behavior (aggression, destruction, chronic lying, cruelty to animals.) 2. Severe obsessive-compulsive behavior. 3. Excessive sexual exhibitionism.	1. Extreme withdrawal, apathy, depression, grief, self-destructive tendencies. 2. Complete failure to learn. 3. Inability to distinguish realty. 4. Extreme somatic illness. 5. Complete absence or deterioration of personal and peer relationships.	1. Self contained classes with only minimum contact with regular school program. 2. Counselling or psychotherapy for parents and child on regular basis. 3. Self contained classes entirely separate from mainstream of education. 4. Intensive psychiatric treatment over extended period in a private or public mental health facility.

PUBERTY - ADOLESCENCE
(12 Yrs.-17 Yrs.)

Description	Characteristics		Service Delivery Method
Normal Behavior of 12-17 year old children	1. Heightened physical power and coordination 2. Occasional imagined illness and sleep disturbances 3. Maturing sex characteristics 4. Inconsistent and unpredictable behavior 5. Eagerness for peer approval. 6. Strong moral and ethical preceptions.	7. Accelerated cognitive development 8. Very competitive 9. Erratic work-play patterns. 10. Better use of language. 11. Critical of self and others 12. Highly ambivalent toward parents and teachers. 13. Hostility toward authority. 14. Verbally aggressive.	1. Regular public or private educational program. 2. Parents may need some help in understanding child's behavior
Mild to Moderate Behavior Problems of 12-17 year old children	Acting Out 1. Defiant, negative, impulsive behavior. 2. Learning irregular and deficient. 3. Sexual preoccupation. 4. Unchanging personality and temperament. 5. Unwilling to assume responsibility. 6. Inability to substitute or postpone gratification.	Withdrawn 1. Apprehension, fear, guilt, and anxiety 2. Depression 3. Frequent sleep disturbance and complaints of illness. 4. Learning irregular and deficient. 5. Sexual preoccupation. 6. Poor personal relationship with adults and peers.	1. Special help from regular classroom teacher using individual education plan designed to meet student's needs. 2. Student may receive special help from counsellor in school. 3. Itinerant teaching regular school. 4. Resource room regular school. 5. Parents may seek guidance from mental health professionals. 6. Special class placement in regular school. 7. Complete psychological or psychiatric evaluation.
Severe to Profound Problems of 12-17 year old children	1. Acts of delinquency. 2. Complete inability to attend to any type of work. 3. Destructive acts to others and self. 4. Complete inability to work, socialize or learn. 5. Sex aberrations 6. Psychoses	1. Complete withdrawal into self. 2. Phobias to school, people, environment. 3. Persistent complaints of imagined illness. 4. Sex aberrations. 5. Psychoses	1. Self contained classes with only minimum contact with regular school program. 2. Referral to juvenile authorities. 3. Intensive counselling for parents and child. 4. Self contained classes entirely separate from mainstream of education. 5. Adjudication of the child. 6. Intensive psychiatric treatment over an extended period of time in a private or public mental health facility.

Harlow, Harry "Developmental Aspects of Emotional Behavior, Academic Press 1970

BEHAVIORAL CHARACTERISTICS (Mild and Moderate Disorders)

A. Demonstrated a short attention span and poor ability to concentrate.

B. Is unable to tolerate normal frustrating situations, i.e., waiting in line to go to lunch.

C. Is resistant to changing to new activities and in general adjusts poorly to new situations.

D. Cannot be depended on to carry out even minor responsibilities.

E. Demonstrated no notable motivation to learn in any academic areas.

F. Avoids school or specific portions of school.

G. Is very demanding of his teacher and continually seeks her attentions and approval.

H. Does not respond to usual verbal praise.

I. Does not respond to usual tangible rewards.

J. Sees himself as special or privileged in some way, even in the face of realistic confrontation.

K. Does not seem to demonstrate an awareness of right and wrong.

L. Overly sensitive to command situation.

M. Exaggerated reaction to classroom events. Is insensitive to dynamics of social situation.

N. Is extremely impulsive and/or hyperactive.

O. Has a generalized sense of inferiority and is unable to speak well of himself in any aspect.

P. Uses sensationalizing language, cursing, sexualizing or other "shock" oriented means of communication.

Q. Appears sullen or withdrawn in a one to one relationship.

Introduction to Severe Behavior Disorders

The most seriously behaviorally disordered children seem to display the most serious attention problems in learning.

Seriously disordered children may retreat into a fantasy world and attend to their own internal stimuli rather than external stimuli. They may engage in repetitive behavior such as rocking, head banging, twirling, flapping the arms and other ritualistic behavior which occupies their total attention, making it difficult for learning to occur. They may hallucinate and develop false beliefs about the real world around them. Severely disordered children may be totally unconscious of the presence of the teacher or others. Some of these children may withdraw actively from any contact with the teacher.

The less severely disordered child may exhibit these same kinds of behaviors but on a less frequent basis and to a milder degree.

As educators, how are we able to distinguish characteristics of the behaviorally disordered child from those of normal developmental characteristics of the child in a particular age group?

It is necessary, first, to be familiar with specific developmental characteristics. Second, if a child seems to be exhibiting behavior out of the ordinary, observation of the child on a regular basis becomes necessary. This is what is known as establishing "base line" behavior patterns.

Collecting this information can either be done on a formal basis, using validated checklists or observation schedules, or it can be done on a less formal basis, using only teacher observation. The key to behavioral examination is consistency. Certain times during each day

should be observation times. The time should be at least fifteen minutes in duration and the observations must be only what is seen during that time. If over an extended period of no less than six weeks no improvement has been made and the behavior remains consistent, other sources should be brought in to assist the child in handling the problem.

*it should be noted here that no diagnosis should take place based solely on the observations of the teacher. Although these observations are invaluable, they are only a portion of solving the problem.

It may be helpful if we look at the situation on a continuum.

CHILD

NORMAL BEHAVIOR			SEVERE BEHAVIORAL DISORDER
1. Does well in school. Pays attention. Completes work.	2. Has some problem in class with attention. Misses some instructions due to in-attention.	3. Seldom pays attention. Seems at times to be in another world.	4. Is totally withdrawn. Does not attend to any type of work.

Where a child falls on this scale will help determine the severity of the problem. Realizing the behaviors presented in the continuum are only examples of behaviors. Many other behaviors (as cited on pp. 12-14) may also be placed in the continuum.

SEVERE BEHAVIORAL DISORDERS

Characteristics

1. Withdrawal from, or failure to become involved with reality; in particular, failure to form normal relationships with people.

2. Extreme void or inappropriate affect.

3. Serious intellectual retardation with islets of normal, near normal or exceptional intellectual function or skills.

4. Failure to acquire speech, or to maintain or improve on speech already learned, or to use what speech has been acquired for communication.

5. Abnormal response to one or more types of sensory stimulus (usually sound).

6. Gross and sustained exhibition of mannerisms or peculiarities of movement, including immobility and hyperkinesis, and excluding tics.

   Note: self destructive stimulation behavior.

7. Pathological resistance to change. This may be shown by:

   a. Insisting on observance of rituals in the patient's own behavior or in those around him.

   b. Pathological attachment to the same surroundings, equipment, toys and people (even though the relationship with the person involved may be purely mechanical and emotionally empty).

   c. Excessive preoccupation with particular objects or certain characteristics of them without regard to their accepted functions.

   d. Severe anger or terror or excitement, or increased withdrawal, when the sameness of the environment is threatened (e.g., by strangers) (pp. 13-14). (O'Gorman & Bosch).

8. Disturbance in the development of personal identity. This may be shown by abnormal behavior toward self or by repeated self-directed aggression (Creak, 1970).

9. Chronic exhibition of physical symptoms of illnesses, i.e., vomiting, severe headaches, stomachaches, etc.

The difficulty with the above formulation is that there always is the problem of determining what behaviors are meant by terms such as "serious intellectual retardation," "abnormal response," and "pathological resistance." Consequently, clinical judgment must be used on all occasions.

SOME CONSIDERATIONS FOR THE LOCAL SCHOOL DISTRICT

1. There are varied degrees of behavior problems.
2. Careful observation of an extended period of time will help to determine the severity of the problem.
3. Districts should recognize that more is needed than just teacher observation to make a determination of behaviorally disordered.
4. The district needs to develop an awareness and a sensitivity to these students.

THOUGHTS OF THE BEHAVIORAL DISORDERED CHILD

WHAT I DON'T LIKE ABOUT SCHOOL*

If I thank about it, I get all upset. SO I better pass on this today. Thanks. No Hard feelens.

But maybee you ought to kno.

Teachers all pick on me. All the time. One of them always called me flunkie cause I got F on this tests that I worked hard on that me and some other guys went into the mens toilits.

And thru a lited cherrybomb down a comode and flushed it. It almost blew that toilit clean into arbit. It really blew hard! It really did!

I got kicked out 3 days for that Its nouse. Also the comode still don't work ok. It runs all the time.

me the flunkie

Jason

P.S. Its just no use

*Partial excerpt from "Me the Flunkie, A Yearbook of a School for Failures," presented by Andrew Summers, Fawcett Publications Inc., Greenwich, Conn, 1970

CHILDREN ARE DIFFERENT

"Children are different. Mrs. Thompson's third grade class descends on the school playground. It is recess. The children have marched in a more or less orderly manner from the classroom to the playground and are dismissed. What transpires from this moment on is a spectacle of difference, uniqueness, individuality, and yes, conformity. But it is the differences that draw our attention.

Todd, who is a head taller than any of the other children, easily outdistances his classmates to the kickball diamond to tap first for "work-up." There he waits triumphantly for the others who finally assemble, including Mike, whose short legs and pudgy frame put him at a disadvantage. Mike, however, has the game ball which he proudly carries with him as a result of being selected ball monitor by Mrs. Thompson because of his consistently good behavior in the classroom.

Susan heads for the drinking fountain and is about to take a drink when she is shoved aside by Dora, who yells, "I'm first!" Susan steps passively back and waits until Dora quenches her thirst and saunters away. Susan watches as Dora bolts into a hopscotch game nearby and announces her intention to play. One of the girls in the group appeals to Mrs. Thompson to stop Dora from interrupting the game. A group of boys approach the fountain. They are laughing about Paul's pet white rat which had escaped from the cage that morning and was still loose somewhere in the classroom. Mark walks away from the group, not wishing to hear any more about it since he is scared that Paul's pet may yet turn up near his desk. Soon Susan is left standing alone. She moves toward the door to wait for the recess bell to ring.

Bill has brought his arithmetic test paper out to the playground with him. He proudly displays the "very good" comment, which Mrs. Thompson had written on it, to his friend, Henry, who shrugs his shoulders but appears impressed. Henry hadn't been able to do most of the problems on the test. A shriek of laughter goes up over the ball diamond. Mike, who was up, has run for the ball, attempting to kick it, and has missed it altogether. The ball has rolled on by, and Mike has taken a spill. He is all right, but the players whoop it up at his expense. Todd helps Mike up and the game resumes. This time the pitcher rolls a slow ball and Mike makes a respectable kick that gets him safely to first base accompanied by "Atta boy, Mike!" shouted by Todd.

Mrs. Thompson watches the passing parade of freckled faces, tousled hair, shifting groups, random activity, and listens to the buzzing of voices punctuated with an occasional shout or screech. Yes, her children are different; both in the classroom and here on the playground, where their differences are perhaps more visible in certain respects. Over the year she has become well acquainted enough with the class so that she can readily engage in an informal armchair ranking of their differences along a number of dimensions.

In terms of classroom behavior, Mike was the model student, eager to learn and cooperate. There is no question but that Dora with her bullying tactics and disregard for classroom rules and the rights of the other children was the most serious behavior problem. With respect to enthusiasm for new experiences and variety of interests, Paul with his endless collection of animals and many hobbies was outstanding, whereas Mark was just the opposite. He was absent frequently, avoided participation in class activities whenever possible, often day-dreamed, and appeared to have many fears. Todd was clearly the class leader on the dimension of social adjustment. All the children liked him and admired his good nature and physical prowess. Susan had not made a sirgle friend over the school year and was largely ignored by her classmates. Her shyness and withdrawal from all group situations placed her at the bottom of the class socially. Mrs. Thompson saw Bill as her brightest student, with Henry having the most difficulty keeping up in his work. Henry was very easily distracted, slow in grasping new material, and poor in handwriting. These were only a few of the dimensions Mrs. Thompson could consider. Physical size, general health, eyesight, hearing, stature, motor coordination, and language proficiency were some of the other possibilities.

Mrs. Thompson's third grade class actually consists of children who fall at various positions along physical, behavioral, and academic dimensions and who are far more heterogeneous as a class group than the designation "third grade" suggests. Some children may occupy rather extreme positions along behavioral and academic dimensions in contrast to the rest of the class. As Mrs. Thompson mulls over such children as Susan and Henry, she may find herself labeling them "emotionally disturbed," socially maladjusted," or "borderline mentally retarded." In so doing, she would be placing them on dimensions of exceptionality that exist in the field of special education for purposes of categorizing differences found among children.

Individuals who are limited along dimensions of social adjustment, vision, hearing, physical-motor coordination, speech and language, and learning efficiency are called "exceptional children." Along the dimension of intelligence, children falling at either extreme are considered exceptional. That is, such children are particularly unique or "exceptional" along dimensions on which all children vary and which have particular relevance to learning and success in school.

Just when a position along a particular dimension leaves the range of difference found in regular classrooms, such as Mrs. Thompson's , and becomes truly "exceptional" resulting in a label and a possible special education program separate from the regular classroom, is easier to determine along such dimensions than others. For example, a blind, deaf, or crippled child is distinctly different from any child with problems of vision, hearing, or motor coordination in Mrs. Thompson's classroom. There would be little question regarding the need for special provision

for such children (e.g., braille instruction, hearing aids, orthopedic braces) in school. In a similar manner, children unable to learn to care for their bodily functions, avoid hazards, and retain basic information would not be enrolled in a regular third grade classroom. But as we consider children who differ in terms of social adjustment and rate and efficiency of learning, the distinction between the uniqueness of children in Mrs. Thompson's class and those called "exceptional" is more difficult to define."

Partial excerpt from "Education of Exceptional Learners, Introduction," Hewett and Forness, Allyn and Bacon, Inc., 1974.

CREED FOR EXCEPTIONAL CHILDREN*

Leonard Mayo

WE BELIEVE In the American promise of equality of opportunity, regardless of nationality, cultural background, race, or religion.

WE BELIEVE that this promise extends to every child within the borders of our country no matter what his gifts, his capacity, or his handicaps.

WE BELIEVE that the nation as a whole, every state and county, every city, town, and hamlet, and every citizen has an obligation to help in bringing to fruition in this generation the ideal of a full and useful life for every exceptional child in accordance with his capacity; the child who is handicapped by defects of speech, of sight, or of hearing, the child whose life may be adversely influenced by a crippling disease or condition, the child whose adjustment to society is made difficult by emotional or mental disorders, and the child who is endowed with special gifts of mind and spirit.

WE BELIEVE that to this end the home of the exceptional child, the schools, the churches, and the health and social agencies in his community must work together effectively in his behalf.

WE BELIEVE that for the most exceptional children their parents and teachers are the master architects essential to the planning and building of their future.

WE BELIEVE, therefore, that every appropriate resource of the community must be mobilized, if need be, to aid in maintaining his family life at an adequate social and economic level, and in furnishing guidance and encouragement to his parents.

WE BELIEVE that the teachers of exceptional children must possess the personality, develop the understanding, and acquire the knowledge and skill through special preparation that will enable them to inspire and motivate, as well as teach the art of making a living and a life.

WE BELIEVE that the cooperative efforts of parents and teachers must be encouraged, sustained, and supplemented: by teacher education institutions with curricula and programs based on the knowledge and skills needed in the education of exceptional children; by State departments that will develop challenging standards of program operation, and work with teachers in establishing sound certification procedures; by local school systems that will recruit and employ teachers who are qualified by personality and special preparation; by health and welfare agencies that will provide diagnosis and evaluation, medical and psychiatric care, and social service.

WE BELIEVE that research designed to increase present knowledge of personality and the learning process, and studies aimed at the improvement of programs of special education are essential to further progress.

WE BELIEVE in the sensitive interpretation of the exceptional child and his needs by teachers and others in order that an attitude favorable to his acceptance and development may be engendered and sustained in the community.

ABOVE ALL, WE BELIEVE in the exceptional child himself; in his capacity for development so frequently retarded by the limits of present knowledge; in his right to a full life too often denied him through lack of imagination and ingenuity on the part of his elders; in his passion for freedom and independence that can be his only when those who guide and teach him have learned the lessons of humility, and in whom there resides an effective confluence of the trained mind and the warm heart.

*This creed, presented to the Conference on the Qualification and Preparation of Teachers of Exceptional Children, October, 1954, by Dr. Leonard Mayo, Director of the Association for the Aid of Crippled Children, New York City, is used by special permission of Dr. Leonard Mayo and the Association for the Aid of Crippled Children, New York City.

IDENTIFICATION AND DIAGNOSIS OF THE BEHAVIORALLY DISORDERED STUDENT

STEP I

The Screening Procedure

It is important to realize that screening incorporates basic principles which operate within the classroom. Some of these principles are:

1. A discrepancy can be determined by a teacher through systematic analysis of school work, classroom behavior, and standardized test scores.

2. Given a basic understanding of the Behaviorally Disordered student, the classroom teacher can provide valid information for the identification of high-risk students.

3. The classroom teacher is the primary resource in observing and reporting behavioral strengths and weaknesses.

4. Through the consistent observation by the classroom teacher, other personnel involved with the child (counselor, principal, other teachers) can begin to develop further information that will be pertinent in the determination of the student's problems.

5. Effective communication between parents, teachers, counselors, administrators and others increases the efficiency and accuracy of the screening procedure.

6. Behavior patterns of students may change from teacher to teacher. Cooperation in the screening process can determine patterns and problem areas.

In an earlier section of this manual you were introduced to Mrs. Thompson's third grade class.

Let us look closely now at two of the students in this class, Susan and Dora. These two students represent opposite ends of the behavioral continuum. As you will recall, Susan was shy, withdrawn, and had few friends. Dora was loud, pushy, and bullying.

Mrs. Thompson has decided that perhaps these two students have a special problem. She decides to make careful behavioral observations of both of these children. She records her observations on a daily basis and records only what she sees. As we mentioned earlier, consistency of observation time is extremely important, so Mrs. Thompson chooses a specific time each day to observe Susan and Dora.

The purpose of this observation/screening is to provide Mrs. Thompson with an effective and practical procedure for identifying specific behavior patterns that are contributing to the problems of Susan and Dora.

Mrs. Thompson, along with other staff, will set up procedures for establishing a screening program. This program will be the initial step to identify those students who (like Susan and Dora) might need special instructional services. Screening is the preliminary to more formal evaluation and diagnosis. Screening calls attention to students who may have behavior problems or other handicapping conditions interfering with academic and social functioning.

Mrs. Thompson knows she needs good observation data. She has already begun to keep a record of Dora and Susan during certain times of the day. She also knows that other types of information will be necessary. She and her colleagues must decide what types of information other than observation are needed to provide a realistic program of instructional intervention.

The different types of screening information necessary fall into the following categories:

1. Medical: Is the student generally in good health? This can be determined through period check-ups by the doctor or pediatrician. These people can be an excellent source of information to the school and should be included in the observation phase of the screening process.

2. Sociological: What type of community environment does the student come from? What type of cultural background? What type of learning experiences does he have available outside of school? This type of information can be obtained from parent interviews, home visits, questionnaires, and daily observation.

3. Psychological: Does the student exhibit behavior characteristics that are not appropriate to his age group? This information can be obtained from observation of the student over an extended period of time. Other clues may be obtained from standardized test scores, classwork, and observation of the student with peers.

4. Educational: How does the student function in the classroom? This information can be gained through group standardized tests, classwork, grades, and teacher observation.

*A word of caution is necessary at this point. Teachers should be very observant of the phenomena of the moderately withdrawn student who strives to get perfect grades at any cost. Do not view these children as the quiet, model students. Careful observation is needed.

We know that Mrs. Thompson is dealing with an elementary grade level. Screening procedures, however, will vary from grade level to grade level. In the upper elementary and secondary grade levels, behaviors may appear to be abnormal that are not. Older students may exhibit behaviors that seem to be deviant but are really quite normal for their age group. This is why it is most important for staff to be familiar with the specific characteristics of the various age groups and why observation by all staff involved with the student is necessary. It may be that the problem lies only in one subject area and that the student is doing well in other areas. If this is true, it may be necessary to make a special adjustment in the student's schedule or try the student with another teacher.

We have stated that Mrs. Thompson and her colleagues operate under basic principles concerning the screening process. We must also define

what colleagues will work with Mrs. Thompson during screening. The screening process may draw upon the expertise of all school personnel who have direct contact with the student and the student's parents. It may also include the student's physician, and other important figures in the student's environment. Provision must be made for the coordination of the various tasks of data collection and summarization among the teachers and other support personnel. The building administrator should play a key role in the screening, data collection, and follow-up procedures.

Screening is a process that requires understanding and skill. The following are suggested screening steps that should be followed by school personnel:

1. The teacher (or designated school official) determines that a child or children are having behavioral problems.
2. The teacher (or designated school official) identifies the specific problems for each child.
3. The teacher (or designated school official) uses accepted behavioral observations practices for each child and his or her behavioral problem(s).
4. The teacher (or designated school official) uses her own behavioral checklist or adapts a commercially produced checklist (Quay, Ottowa, Deaueaux, etc.) for purposes of collecting her behavioral information.
5. The teacher (or designated school official) teams up with other school personnel and parents for further data collection and for data verification.
6. Teacher (or designated school official) and related personnel determines that the problem is of significant magnitude.
7. A decision is made to conduct specific diagnostic activities to pinpoint strengths and weaknesses of the child or children.

It is suggested that training be given to staff members so that they have a thorough understanding of the objectives of the screening process

and that they are made aware of what will be expected of them in performing their respective tasks. A general orientation concerning the nature of the behaviorally disordered child is essential for all participants in the screening process. If new procedures are to be introduced into the screening process, it is essential that some type of in-service training be given teachers and staff who will be using the new material.

Once the screening procedure is set up, those involved can decide what type of screening instruments can be used.

*Again a note of caution. Normative base information should be used in the diagnostic process rather than in the screening process. Diagnostic procedures will be discussed in the following section of this manual.

Observation forms and checklists can be used in the screening process. Systematic data can be collected by various individuals including the classroom teacher, gym teacher, art and music teachers, counselor, and administrator.

In order to develop a working definition of a suspected handicapped student, the local district may, for example, decide to give further attention and observation to students who:

1. Score at the 25th percentile or below on group or individual ability tests.
2. Make one or more O's or F's on report cards.
3. Score below the 25th percentile on standardized achievement tests.
4. Exhibit erratic, inconsistent, and/or unacceptable behavior for their specific age group.
5. Strive to achieve academic success no matter what the cost.
6. Unable to accept failure of any kind.
7. Is withdrawn and has little interaction with peer group.

In summarizing this process, we can say that Mrs. Thompson had the right idea in her desire to observe closely the behavior of Susan and Dora. What we have done is elaborated and involved all those people and factors that could possibly be influencing the actions of these two students. We have provided a systematic way of making observations and reporting the findings.

THE SCREENING CHECKLIST

Many unique behaviors of students may deserve further consideration. The purpose of a checklist is to call attention to a variety of behaviors that may be important. Checklists are a potential source of valuable information.

It is suggested that checklists be completed only for those students who are not succeeding in regular programs or for students whose performance is marginal.

The Student Scale of T.T.S.* is one of many checklists that are available but it should be left up to each district which checklist they use. A district may wish to design their own checklist, based on the particular population of students they are dealing with.

*The Student Scale of the Teacher Tolerance Scale (T.T.S.) (pp. 32-33)

Experimental Edition
TEACHER TOLERANCE SCALE (T.T.S.)
STUDENT SCALE
*George Yard Ph. D.
University of Missouri - St. Louis
(Operation SAIL)

Teacher:_____ Child_____ School_____

Directions: Please check only those behaviors which present a teaching/learning problem in the school setting, while the child is under your supervision. Realize that a check indicates the need for behavioral intervention and correction.

A. PHYSICAL INAPPROPRIATE BEHAVIOR

I. Self

a. eating _____
b. chewing gum _____
c. picking nose _____
d. moving desk around room _____
e. masturbation _____
f. leaving room without permission _____
g. tardiness _____
h. sulking and pouting _____
i. pencil sharpening during lesson _____
j. walking around during lesson _____
k. getting out of seat _____
l. snapping fingers _____
m. foot tapping _____
n. smoking _____
o. making faces _____
p. heterosexual activities _____
q. leaning back on chairs _____
r. falling out of seat _____
s. falling over in desk _____
t. possession of drugs _____
u. withdrawn, avoids involvement _____

TOTAL _____

II. Peer

a. stealing _____
b. hiding peers' possessions _____
c. going into peers' desks _____
d. pulling or tearing clothes _____
e. destroying peers' possessions _____

VERBAL INAPPROPRIATE BEHAVIOR

I. Self

a. shouting _____
b. crying _____
c. temper tantrums _____
d. belching _____

TOTAL _____

II. Peer

a. using profanity _____
b. excessive talking with and to peers _____
c. shouting _____
d. talking to prevent peers from working _____
e. name calling _____
f. laughing at or making fun of others _____
g. interrupting peers _____
h. lying _____
i. whining _____
j. tattling _____
k. threatening _____
l. arguing _____
m. teasing _____
n. imitating _____

TOTAL _____

III. Authority

a. using profanity _____
b. excessive talking _____
c. shouting _____
d. talking during lessons _____
e. not raising hand to talk _____
f. calling teacher names _____
g. interrupting teacher _____
h. lying _____
i. whining _____
j. tattling _____
k. threatening _____
l. talking back _____
m. mumbling _____
n. arguing _____
o. imitating _____

TOTAL _____

III. Authority

a. stealing from teacher _____
b. hiding teachers' possessions _____
c. going into teachers' desk _____
d. defiance (stomping away, slamming door, etc.) _____
e. destroying teacher's possessions _____
f. pulling or tearing teacher's clothing _____

TOTAL _____

B. ACADEMIC INAPPROPRIATE BEHAVIORS

I. Self

a. verbal refusal _____
b. not doing assignment _____
c. working at inappropriate time _____
d. procrastinating _____
e. wasting extra time _____
f. inattentiveness _____
g. doodling _____
h. cheating _____
i. sloppy work _____
J. not doing homework _____
k. destroying homework _____

TOTAL _____

II. Peer

a. playing with peers instead of working _____
b. copying others' work _____
c. requesting peers' help _____
d. inattentiveness to teacher _____
e. requesting directions after instructions have been given _____
f. destroying work _____

TOTAL _____

Other Behaviors:

_____

_____

_____

_____

DESTRUCTIVE INAPPROPRIATE BEHAVIOR

I. Peer

a. hitting _____
b. touching _____
c. hitting others with objects _____
d. throwing objects (at) _____
e. kicking _____
f. pushing _____
g. spitting _____
h. throwing spit wads _____
i. tripping _____
j. pulling hair _____
k. possession of weapons _____
l. possession of drugs _____

TOTAL _____

II. Authority

a. hitting teacher _____
b. touching teacher _____
c. throwing objects (at) _____
d. kicking _____
e. pushing _____
f. spitting _____
g. throwing spit wads _____
h. possession of weapons _____

TOTAL _____

III. Inanimate

a. throwing trash on floor _____
b. banging on desks & tables _____
c. sitting on top of desk _____
d. turning furniture over _____
e. destruction of materials _____
f. defacing materials _____

TOTAL _____

GRAND TOTAL OF CHECKS _____

*Obtain expressed consent of author before reproducing.

INTERPRETATION OF SCREENING OBSERVATIONS

Many handicapping conditions are easily detected. Others are more subtle. It is important that precautions be taken to insure the following:

1. Suspected Behaviorally Disordered students have all factors taken into consideration. These may be environmental, sociological, and educational.

2. Teachers be aware of age group characteristics of their students.

3. That children not be mislabelled or misplaced.

It is important that all staff members recognize obvious symptoms of handicapping conditions to facilitate an efficient screening procedure.

Some Important Considerations for Districts

1. Screening is an activity, a major step, in identifying handicapped students. An efficient screening will call attention to students known to have or who are suspected to have behavioral problems.

2. Screening should involve the total staff, parents, and other professionals such as physicians, where appropriate. The observation of the classroom teacher and contribution of this data is extremely important.

3. Some of the important components of the screening process are:

   a. Continuous and consistent observation of all staff involved with the student.

   b. Knowledge of specific age group characteristics, particularly with older elementary and secondary students.

SOME IMPLICATIONS FOR THE LOCAL SCHOOL DISTRICT

1. Local school districts should devise a plan which systematically and consistently calls attention to students who may be handicapped or severely handicapped.

2. The local district's screening activity should provide for reporting unusual physical, psychological, behavioral, and educational characteristics.

3. The role of each member of the teaching staff and the administrative staff should be determined.

4. Guidelines for students to be reported should be established. For example, the district may refer all students who score at or below the twentieth percentile on standardized achievement tests. All students who make failing grades should be reported in the screening process.

5. After screening data has been secured, the district should plan to provide or secure diagnostic services as needed for each student.

THE DIAGNOSTIC PROCESS

Mrs. Thompson and her colleagues have followed the systematic observation and accumulation of data called for by the screening process. They have concluded that Susan and Dora each have unique characteristics. Due to these factors, they may require special education services.

The next step in our progression is the diagnostic process.

Diagnostic activities should be a continuous process of systematic observations. These observations take a close look at the nature and degree of the individual differences of the students. They also provide valuable data for placement and programming decisions.

Screening and diagnosis should be continuous, allowing for changes induced by the total environment.

PURPOSE OF DIAGNOSIS

The purposes of student diagnosis include:

1. To analyze individual strengths and weaknesses both academically and socially.
2. To identify significant mental, physical, environmental, and other factors that contribute to the child's abilities and disabilities, both socially and academically.
3. To provide a basis for planning realistic instructional and behavioral objectives and to suggest tentative instructional procedures and techniques.

BASIC ASSUMPTIONS FOR DIAGNOSIS

1. Diagnosis is a continuing process.
2. Diagnosis is an integral part of the instructional process--not an isolated event.
3. Diagnostic services are performance oriented and are preliminary to the establishment of performance objectives and subsequent teaching strategies.
4. Diagnostic information should indicate what is to be done about the problem(s) rather than elaborating on the cause of the problem or further defining the problem.
5. The quantity and nature of diagnostic information initially assembled is determined by educators, and an efficient procedure will concentrate on information of value to the educator.
6. Diagnosis logically follows screening and involves only those students identified as "high risk" or "suspect" by the screening procedure.
7. Diagnosis often involves in-depth information and, therefore, more highly trained specialists in the diagnostic categories (education, psychology, sociology, medicine).
8. Continuous change in diagnosis is appropriate to reflect change in the student.
9. Intra-personal differences may be more important than inter-personal differences.
10. Formal and informal procedures may be utilized in continuous diagnoses.

ESTABLISHING AN EDUCATIONAL DIAGNOSIS

The screening program used by Mrs. Thompson forms the foundation for a complete educational assessment. Once the screening data is collected, focus can be shifted to an analysis of the individual strengths and weaknesses.

We have discussed earlier the necessity of a team approach or inter-disciplinary effort. This is imperative if we are going to develop a comprehensive diagnostic program for the child with behavioral problems. Systematic and accurate information will likely be required from education, psychology, sociology, medicine, home, and possibly psychiatry. If other problems are suspected in areas such as vision, hearing, and speech, these disciplines should also be included.

The following will give you a list of each discipline and what types of information we can expect to obtain.

1. Education: Teacher observations and checklists, informal or non-standardized test data, standardized test data, social interaction with peers, the student's strengths and weaknesses in the academic area, developmental data and criterion referenced tests.

2. Psychological: The psychological evaluation is important in the study of the Behaviorally Disordered student. Psychological data is valuable to the teacher for instructional purposes. There is a wide range of tests available to the psychologist. Only the test deemed necessary for obtaining pertinent information for educational planning should be used and only with the permission of the parents/guardians. Perhaps the most useful purpose of the psychological examination is behavior observation.

*A note of caution is advised here. Psychological tests and observations should, wherever possible, be given in the student's educational environment. It is very difficult to make an assessment of the child's behavior in school in an educationally dissimilar environment.

3. Sociological: This is another important component in understanding the child behaviorally. Information regarding the social and developmental history of the family, plus current social and economic factors, are valuable in understanding the student's behavior problems. Social factors influence preception, motivation, attitude and values that have a critical effect on the student's school behavior and performance. One of the best sources of this type of information is the parents. Data should only be collected from these sources that is relevant to the educational planning for the student.

4. Medical: Relevant medical data, including an up-to-date physical examination, should be obtained. Medical data should be kept current.

5. Psychiatric: At some point, the parent may feel the need to get a thorough psychiatric evaluation of the student. This would be particularly valuable if there was a suspected severe behavioral disturbance.

Staff Conference: Diagnosis is an interdisciplinary effort utilizing the services of several professionals. The assimilation of data for the purpose of planning reevaluating is done in staff conferences. The purpose of a staff conference is to arrive at an accurate diagnosis of the child's problems through interaction of various professionals and synthesis of relevant information. Conference time periods will range from a few minutes to one or more hours. Most conferences can be conducted at the local building level and should be scheduled with the building principal. Some objectives for staff conferences may include:

1. The identification of diagnostic efforts to be undertaken and the assignment of staff responsibilities.

2. Reporting diagnostic information to be used for planning purposes.

3. The recommendation of students for special services.

4. The formulation of tentative objectives for students placed in special services.

5. The review of progress of students in special services.

6. Suggestions for the uniting of handicapped students into the mainstream.

Professional Support Services: The local school district may, in some instances, engage the services of professions outside the immediate school faculty. Medical, psychological, or social work services may be employed to the advantage of more fully understanding the learning disabled student. Such services should be procured when it is felt that such services will assist the district in the development or implementation of appropriate instructional goals, pupil performance objectives, or better teaching methods.

1. Medical Support Services: The physical well-being of the student is an important consideration. Medical experts are an invaluable resource to the educator.

2. Psychological or Psychiatric Support Services: Maladaptive behavior in the educational setting can take many forms. It is often felt necessary to have a complete psychological or psychiatric evaluation to determine the specific cause of the child's problem. Again, if this can occur in the educational setting, it is preferred. The criterion for requesting such service should be in terms of modifying the learner's behavior, teacher's behavior, or the curriculum and instructional levels to meet the student's needs.

3. Diagnostic Tests: These tests are useful in combination with observation and performance data gathered by the staff and other personnel involved with the student. They should never be used alone to make a determination of the student's problems.

   A listing of some of the commercial tests available is provided in Appendix A.

SOME IMPLICATIONS FOR THE LOCAL SCHOOL DISTRICT

1. Local districts should see that diagnostic activities are initiated in behalf of high-risk students (suspected of needing special education services). If the student is assigned to special services, diagnostic activities continue as the student grows and learns.

2. The local district should secure diagnostic data sufficient to confirm the nature and degree (or extent) of the individual differences which contribute to the student's learning problem.

3. Medical, psychological, social, and educational data should be secured for each student. The amount of data needed will vary. Sufficient data should be gathered to formulate sound educational objectives.

4. Districts may utilize commercial, standardized tests in diagnostic evaluations. Care should be exercised in the selection, administration and interpretation of special tests.

5. School personnel such as psychologists, psychometrists, counselors, clinicians, and teachers of handicapped students are among those whose special skills can be utilized in securing diagnostic information. Some diagnostic activity will be done by specialists such as psychiatrists, psychologists, physicians, and other specialists.

6. Schools should utilize staff conferences to facilitate communications, provide a forum for establishing individualized educational goals for students, and after placement, provide a forum for evaluating progress, revising goals, and assignment to classes.

7. Schools should involve parents in all matters pertaining to the educational programming of the children.

THE EDUCATIONAL PROGRAM

ASSIGNMENT TO SPECIAL SERVICES

The screening procedure should call attention to students who may need special services in order to succeed to the maximum degree.

Diagnostic activities should pinpoint the nature of individual differences which interfere with learning.

Development of an individualized educational program which should include reviews of all relevant screening and diagnostic data should precede placement into special services. Many questions should be considered at the time of the IEP development.

The administrator has a significant role to perform in the process of identifying the handicapped student and insuring that proper services in the least restrictive environment are made available. Some of the administrators' responsibilities include:

1. Be aware of State and Federal laws governing the education of handicapped students.
2. Seeing that all handicapped students are reported on the annual census (162.695, RSMo).
3. Obtaining current and appropriate diagnostic information before assigning a student to a special program.
4. Placing the child in the least restrictive environment at all times.
5. Securing necessary transportation to and from day classes (162.710 RSMo).
6. Referring severely handicapped students to the State Board of Education for services unless the district elects to serve these children.
7. Involvement with parents/guardians in all aspects of planning and educational programming of their children.

SERVICE ALTERNATIVES

Service alternatives are predicated on the assumption that handicapping conditions vary in nature and degree.

The behaviorally disordered student with mild problems may spend full time in the regular class with some assistance, while other students with more severe problems may require full-time placement or even institutionalization.

*It should be stressed at this time that it it most important that agencies work together for the good of the student. Without this cooperation, it is impossible to provide a consistent program of educational and social services.

The State Board of Education has established standards for four general procedures for serving handicapped students.* One or more of these alternatives should be provided, dependent on the levels (or degree and types) of handicapped students within each district.

Missouri law recognizes the propriety of mainstreaming and least restrictive alternative whenever possible:

> To the maximum extent practicable, handicapped and severely handicapped children shall be educated along with children who do not have handicaps and shall attend regular classes. Impediments to learning and to the normal functioning of such children in the regular school environment shall be overcome whenever practicable by the provision of special aides and services rather than by separate schooling for the handicapped. (Section 162.680, Subsection 2, RSMo).

The next section of this manual will give a brief overview of the types of services that are available in the educational system.

A child should not be limited only to these services. It would be most beneficial if all services in the community worked together to provide the best possible services delivery system for the student.

The State of Missouri has a good mental health system and many resources are available that can benefit the student.

The following are the services available in the local districts:

1. SELF-CONTAINED CLASSROOM - a classroom for children who have similar handicapping conditions to the degree that they require special education instruction for the total school day. The special class teacher instructs the children in all appropriate subject matter, such as reading, arithmetic, language arts, science, health, safety, etc. Depending upon the variation in the functioning level of the children, some may benefit from participation in activities with their normal peers. Six to ten students are permitted in a self-contained classroom.

2. RESOURCE CLASSROOM - a classroom for children who are enrolled in a regular classroom for most of the school day, yet require special education instruction in specific subject areas. The room contains all necessary special instructional materials and aids needed by handicapped students coming to the room for instruction during certain periods of the school day. The teacher may serve a total of ten to fifteen students. Instruction should be individualized and available to the student in small groups of six or less.

3. ITINERANT TEACHER - this special education teacher travels from class to class in a school or from school to school within a defined service area, working with handicapped students. The handicapped students are enrolled in a regular classroom, yet require special education instruction in specific subject areas or behavioral control. Students with moderate handicaps could be seen by the itinerant teacher as often as once a day. Children with a mild handicapping condition could be seen by the itinerant teacher less frequently, perhaps only once a week. The

itinerant teacher maintains a liaison with the students' regular classroom teachers relative to their progress. A caseload of ten to twenty students is permitted.

4. EDUCATIONAL RESOURCE TEACHER - educational resource teachers provide a certified special education teacher assistance for mildly handicapped students attending regular classes. The educational resource teacher assists the regular classroom teacher in screening, diagnosing, and programming for students having learning or behavioral problems. The educational resource teacher and the regular class teacher plan and implement instructional strategies appropriate for the mildly handicapped for more effective learning. The caseload for an educational resource teacher is fifteen to twenty students.

Service models are conceptualized as serving a range in degrees of handicap. For example, a mildly handicapped student might spend all or most of the day with nonhandicapped students in the regular program. He or she could receive assistance by or through an educational resource teacher, an itinerant teacher, or might spend time as required in a resource room. Some students will require placement in a self-contained room under the full-time direction of a specially trained teacher.

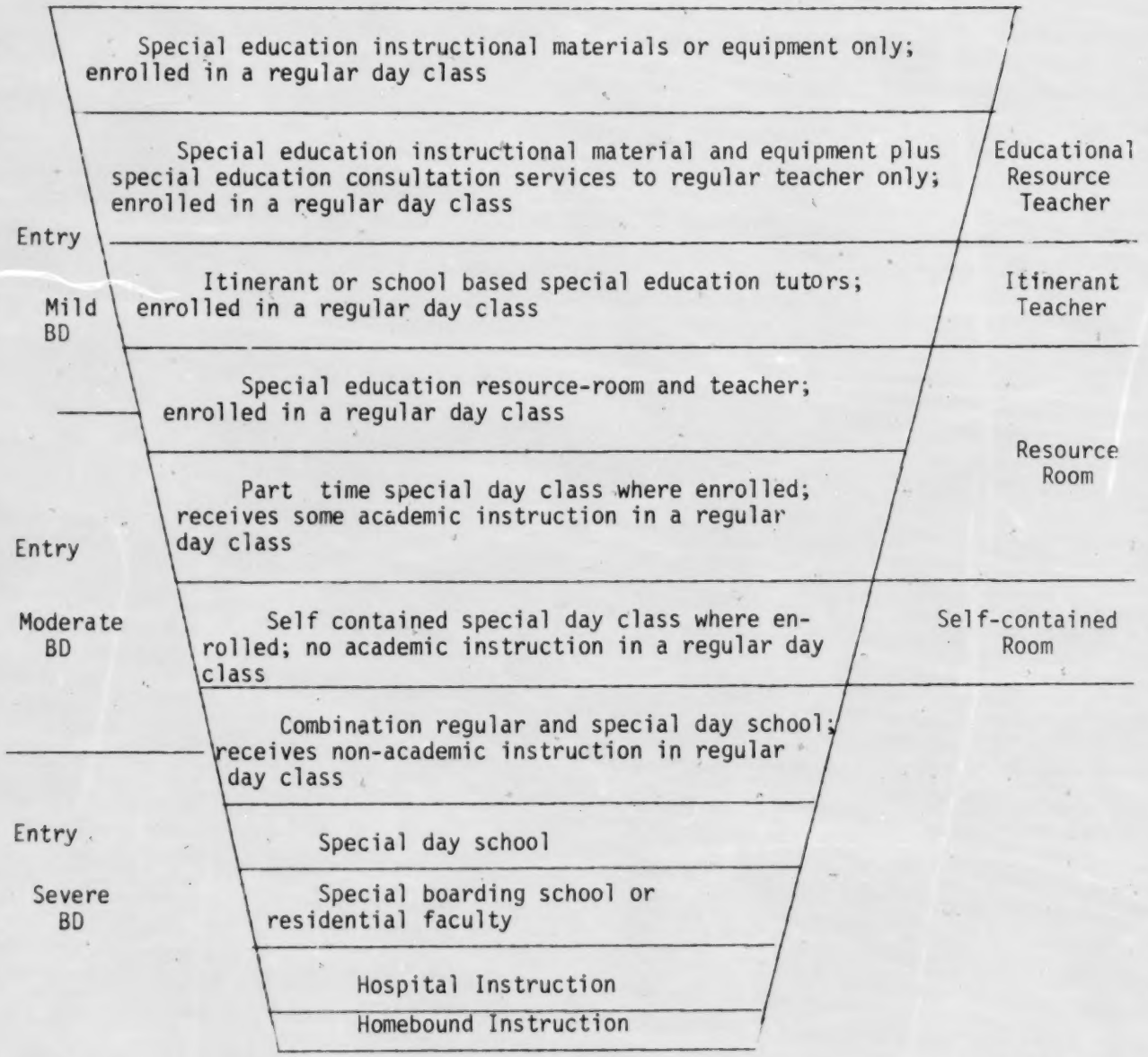
Special education service models can be adapted to meet the needs of all handicapped students. Mildly handicapped students can be assisted by participating in one or more models. Support from the special teacher or aide is needed for the student to remain in the regular program. The student may spend part time in a special class and part time (with support) in the regular program.

The self-contained special class is intended to serve students who need the full-time assistance of a special teacher.

The model illustrated on the following page is an example of service alternatives in the area of education programming.

A CASCADE MODEL OF SERVICE ALTERNATIVES IN

SPECIAL EDUCATION PROGRAMMING


Special education instructional materials or equipment only; enrolled in a regular day class
Special education instructional material and equipment plus special education consultation services to regular teacher only; enrolled in a regular day class
Educational Resource Teacher
Entry
Itinerant or school based special education tutors; enrolled in a regular day class
Itinerant Teacher
Mild BD
Special education resource-room and teacher; enrolled in a regular day class
Resource Room
Part time special day class where enrolled; receives some academic instruction in a regular day class
Entry
Moderate BD
Self contained special day class where enrolled; no academic instruction in a regular day class
Self-contained Room
Combination regular and special day school; receives non-academic instruction in regular day class
Entry
Special day school
Severe BD
Special boarding school or residential faculty
Hospital Instruction
Homebound Instruction

This model illustrates vertically the continuum of degrees of the handicapped student. It shows, also, how services may be adapted to meet the needs of the students.

Entry may be made at any point on the continuum. However, it is often necessary to reverse the child from point of entry to exit. For example, a student found to be moderately behaviorally disordered could enter the continuum in a self contained special day class. It would be inappropriate to, at the time of discontinuance of services, take this student from the self contained special class and return him full time to a regular class without any special services. Rather, this student should be moved to the next highest level on the continuum progressively until a level is reached such that exist from special education services occurs with assurance of little, if any, recurrence of previous behavior.

It should be noted that the child should be placed at his specific level on entering the model. Do not place the student at a level that he does not need to be at. If after a period of time the child is not making significant gains, then consideration should be given to placing the student at a different level on the continuum of services.

SOME IMPLICATIONS FOR THE LOCAL SCHOOL DISTRICT

1. The local district must decide whether or not a student is handicapped. Decisions should be based on appropriate screening and diagnostic information.

2. Recommendations for placement in special services should be made by a staffing committee. Recommendations are made after a review of all pertinent screening and diagnostic information.

3. The local district should anticipate that students will require varying amounts of time in special services. Some may require a full day in a special class. Some may stay in the regular class with some assistance. Student needs should determine the service alternatives.

4. Most handicapped students can participate in mainstreaming service models. Some may require a self-contained classroom.

SOURCES OF REVENUE

Local, state, and federal funds are possible sources of funds for providing educational services to handicapped and severely handicapped students. Following are sources of funds to support services for the handicapped.

LOCAL

Local districts are mandated by state law to provide appropriate services for handicapped students. Local budgets should anticipate responsibility for educational programs for the handicapped and look to the state and federal government to supplement local effort.

STATE

The State of Missouri supports special educational programs for the handicapped (Sec. 162.975, 162.980, 162.985, and 162.990, RSMo) in a variety of ways including the following:

$6,728	for each class of eligible students instructed by a certified teacher. (B.D.)
$3,000	for each preschool class of eligible students directed by a properly certified teacher.
$2,000	for each full-time aide.
-----	one-half of the additional cost of transporting the handicapped or severely handicapped (B.D.) student.
$ 800	for homebound BD students or for each student served under an approved contractual arrangement.
$ 1	for each Behaviorally Disordered student reported on the annual census of the handicapped and severely handicapped.
$4,000	for each full-time ancillary staff member devoting full time to the handicapped or severely handicapped.
-----	ADA (average daily attendance) reimbursement.

FEDERAL

Education for the handicapped has been supported by the Federal Government through various laws in recent years. Various activities for identification, evaluation, and placement have been partially or fully funded. Vocational education, teacher training, screening and diagnosis of handicaps, instruction, administration, consultation, and materials and equipment are among the activities supported by federal funds.

Districts interested in federal funds for the education of handicapped and severely handicapped students should contact the State Director of Special Education.

The reader is further referred to the full compliance manual available through the Missouri Department of Elementary and Secondary Education (DESE).

The DESE makes available to service agencies a recommended set of forms to be used for establishing appropriate Individual Educational Prescriptions, otherwise known as the I.E.P.

TEACHER AND PERSONNEL CERTIFICATION REQUIREMENTS

The following are the current (1975) requirements for educational positions for serving students with Behavior Disorders and/or Emotional Disturbance. Inquires regarding certification requirements shall be directed to:

Director
Office of Teacher Education and Certification
P. O. Box 480
Jefferson City, Missouri 65101

CERTIFICATION STANDARDS FOR TEACHERS OF STUDENTS WITH BEHAVIORAL DISORDERS AND/OR EMOTIONALLY DISTURBED

I. Professional Preparation Required for Permanent Certification (2 possible plans):

Plan A: Applicant must have completed a degree (Baccalaureate or Master's) from a college or university with an accredited program in Teacher Education, with a complete major in an area of Special Education. Under Plan A, the coursework for this degree must include the coursework required in Part III and IV below and all work must be completed at the time of the original request for this certificate.

OR:

Plan B: Applicant must have a Baccalaureate Degree from an accredited college or university, a life Missouri elementary or secondary teaching certificate with at least 18 semester hours of professional education as required in Part III below and at least 30 semester hours as required in Part IV below.

II. Professional Preparation Required for a Two-Year Certificate:

A. An applicant who is pursuing life certification under Plan A above will qualify for a two-year certificate provided he or she has a Baccalaureate Degree, a minimum of 2 semester hours each in Education or Psychology of the Exceptional Child, Methods of Teaching Emotionally Disturbed Children and sufficient course-work in Part III and IV below so that deficiencies for life certification will not exceed 12 semester hours.

B. An applicant applying for life certification under Plan B above will qualify for a two-year certificate provided he or she has a Baccalaureate degree, a valid Missouri elementary or secondary teacher's certificate, a minimum of 2 semester hours each in Education or Psychology of the Exceptional Child, Methods of Teaching Emotionally Disturbed Children and sufficient coursework in Part III and IV below so that deficiencies for a life certificate will not exceed 12 semester hours. If total deficiencies are more than 8 semester hours or the applicant has no credit in Student Teaching, an Academic Contract will be required for a temporary certificate.

III. Professional Education courses: 18 semester hours required. (Courses meeting requirements in Part III are not to be counted in Part IV).
*Required Courses: These courses must be completed for a minimum of 2 semester hours each:

A. *Child Psychology (if elementary) or

B. *Adolescent Psychology (if secondary)

C. *Interpretation of Educational Tests and Measurements

D. *Educational Psychology

E. *Teaching of Reading

F. *Teaching of Arithmetic

G. Electives in Professional Education

IV. Special Courses: 30 semester hours required. Each course counted toward this 30 hours must be completed for a minimum of 2 semester hours. (Courses meeting requirements in Part IV are not to be counted in Part III.)
*Required courses:

A. *Education or Psychology of the Exceptional Child

B. *Methods of Teaching the Emotionally Disturbed Child

C. *Student Teaching (5 semester hours minimum)

D. *Methods of Remedial Reading (or Analysis and Correction of Reading Disabilities

E. *Language Development for Exceptional Children

F. Introduction to ED

G. Child Growth and Development

H. Practicum or Internship with Emotionally Disturbed Children

I. Counseling Techniques

J. Behavioral Management Techniques

K. Mental Hygiene or Abnormal Psychology

L. Sociology (maximum of 3 hours accepted in this area)

M. Occupational and Vocational Information (if secondary)

N. Other Methods or Techniques of Teaching the Handicapped Child

STANDARDS FOR ANCILLARY PERSONNEL, TEACHER AIDES AND SCHOOL PSYCHOLOGICAL EXAMINER

1. PROFESSIONAL PERSONNEL -

   a. Ancillary Professional Services - Special services to handicapped students may include:

      (1) Medical services

      (2) Psychological services

      (3) Social services

      (4) Guidance and counseling services

      (5) Occupational therapy services

      (6) Physical therapy services

      (7) Other services

   b. Personnel Qualifications - All professionals listed for apportionment must be under contract by the local school district and fully qualified by their state licensing board or training institution. Examples are:

(1)	Physicians	Board of Healing Arts
(2)	Nurses (R.N.'s only)	State Board of Nursing
(3)	Social Workers	Master's Degree in social work from an accredited college or university
(4)	Guidance Counselors	Certificated by State Board of Education
(5)	Physical Therapists	Must have completed a prescribed course of study at an accredited college or university and be listed on the professional registry
(6)	Occupational Therapists ...	Must have completed a prescribed course of study at an accredited college or university and be listed on the professional registry
(7)	Psychologists	Must have completed an approved course of study at an accredited college or university and meet the requirements for a professional degree

(8) Audiologists ..... Certificate of Clinical Competence, American Speech and Hearing Association

(9) Speech Pathologists..... Certificate of Clinical Competence, American Speech and Hearing Association

Professional people, other than those listed above, may be approved on an individual basis. They must present evidence of academic preparation and competency in the area in which they are assigned.

2. TEACHER AIDES -

a. Upon application to the Director, Section of Special Education, State Department of Elementary and Secondary Education, local districts and special districts may be approved to provide teacher aides for handicapped and severely handicapped students. These aides may perform supportive services such as:

(1) Assist in the preparation of materials for presentation

(2) Assist the student in moving safely from one area to another

(3) Assist teachers in activities assigned by and under the direction of the teachers. The aide will not initiate instructions or activities independently.

(4) Other services as needed

b. A school district or special district establishing classes for handicapped or severely handicapped students which require use of a teacher aide as part of the student's program shall make application to the Section of Special Education on or before July 1 of each year. The application shall include a narrative indicating the need and justification for teacher aides for whom apportionment is requested. The narrative shall include the number of handicapped students to be served by each aide, the nature of the handicapping conditions of the groups to be served, and the anticipated services to be rendered.

(1) Teacher aides must devote full time to approved special education classes.

(2) Teacher aides' assistance must relate to clerical and instructional services to the special education student

c. Standards for teacher aides:

(1) High school diploma or equivalent

(2) Eighteen years of age or over

(3) Competency in the duties to be performed

d. Approval of persons not meeting the standards set forth above may be granted when the application for approval includes an appropriate description of services to be rendered and the specific qualifying characteristics and experiences of such persons. This application should be submitted to the Director of Special Education, State Department of Elementary and Secondary Education. Forms for this purpose are available upon request.

Certification Standards for School Examiner

I. A. Psychology

B. Educational Psychology

C. Guidance and Counseling

D. Education

II. Applicant must have completed one course for at least two semester hours in each of the following areas:

A. General Psychology

B. Psychological Development: Child, Adolescent or Developmental Psychology

C. Psychology of Exceptional Children or Analysis of the Individual Student

D. Psychology of Education (graduate level)

E. Statistical Methods

F. Mental Hygiene, or Psychology of Personality

G. Methods and/or Techniques of Counseling

H. Psychological Tests and Measures, or Group Testing (graduate level)

I. Individual Psychological Testing (graduate level)

J. Principles and Practices of the Guidance Program

III. It is recommended that other courses in Psychology, Educational Psychology, and Guidance and Counseling be included in further preparation.

IV. Coursework for Two-Year Certification: Applicant must have completed Part I and five of the above ten areas in Part II before certificate can be issued.

Courses specifically required for temporary certification are:

A. Statistical Methods

B. Psychological Tests and Measures or Group Testing (graduate level)

C. Individual Psychological Testing (graduate level)

APPENDIX A

TESTS

A thorough description and evaluation of all the procedures and instruments used in the assessment of behavior disorders in children is beyond the scope of this Appendix. Rather, the attempt here is to list some prevalent standardized test instruments. The choice of instruments used in the identification and evaluation of children exhibiting behavior disorders depends on many factors, such as the examiner's philosophy regarding the nature and purpose of educational diagnosis, the professional training and skills of the examiner, the time and funds available for diagnosis, possible limitations imposed by the child's age and severity of the disability and many other variables.

The following tests include widely used assessment instruments that may be used for children with behavior disorders. It is not, however, a complete list nor is it recommended that any one or combination be used exclusively to diagnose behavior disorders.

ACHIEVEMENT AND DIAGNOSTIC TESTS

American School Achievement Tests. Public School Publishing Company (Division of Bobbs-Merrill), 1720 East 38th Street, Indianapolis, Indiana.

Auditory Discrimination Test. For use with ages 5-0 to 8-0 years. Language Research Associates, 950 East 59th Street, Box 95, Chicago, Illinois.

Basic Concept Inventory. Follett Educational Corporation, 1010 West Washington Boulevard, Chicago, Illinois 60607.

Botel Reading Inventory. Follett Educational Corporation, 1010 West Washington Boulevard, Chicago, Illinois 60607.

Burnett Reading Series: Survey Test. For use in grades 1.5 to 2.4, 2.5 to 3.9, 4.0 to 6.9, 7.0 to 9.9, 10 to 12.9. Scholastic Testing Services, 480 Meyer Road, Bensenville, Illinois 60106.

Buswell-John Diagnostic Test for Fundamental Processes in Arithmetic. Bobb-Merrill, 4300 West 62nd Street, Indianapolis, Indiana 46206

California Achievement Tests (CAT), 1970 Edition. For use in grades 1.5 to 2, 2 to 4, 4 to 6, 6 to 9, 9 to 12, McGraw-Hill, 330 West 42nd Street, New York, New York.

California Reading Test. For use in grades 1 to 14. California Test Bureau, Del Monte Research Park, Monterey, California

Comprehensive Tests of Basic Skills. For use in grades 2.5 to 12. California Test Bureau, Del Monte Research Park, Monterey, California.

Diagnostic Reading Scales. For use in grades 1 to 8 and slow readers in grades 9 to 12. California Test Bureau, Del Monte Research Park, Monterey, California.

Diagnostic Reading Test: Pupil Progress Series. For use in grades 1.9 to 2.1, 2.2 to 3, 4 to 6, 7 to 8. Scholastic Testing Service, 480 Meyer Road, Bensenville, Illinois 60106.

Dolch Basic Sight Vocabulary Test. Gerrard Press, 510-524 North Hickory Street, Champaign, Illinois.

Doren Diagnostic Reading Test. For use in primary and intermediate grades. American Guidance Service, Publisher's Building, Circle Pines, Minnesota 55014.

Durrell Analysis of Reading Difficulty. For use in grades 1.5 to 6.5. Harcourt, Brace & World, Tarrytown, New York.

Durrell-Sullivan Reading Capacity and Achievement Tests. For use in grades 2.5 to 6. Harcourt, Brace & World, Tarrytown, New York.

Gates Advanced Primary. For use in grades 2 and 3. Western Psychological Services, Box 775, Beverly Hills, California 90213.

Gates-MacGinitie Reading Tests. Teachers College Press, Columbia University, New York, New York 10027.

Gates Primary Reading. For use in grades 1 and 2. Western Psychological Services, Box 775, Beverly Hills, California 90213.

Gates Reading Survey. For use in grades 3 to 10. Western Psychological Services, Box 775 Beverly Hills, California 90213.

Gilmore Oral Reading Test. For use in grades 1 to 8. Harcourt, Brace & World, Tarrytown, New York.

Gray Oral Reading Test. For use in grades 1.0 to 12.0. Hobbs-Merrill, 4300 62nd Street, Indianapolis, Indiana 46206.

High School Placement Test. For use in grades 8 to 9. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Illinois Test of Psycholinguistic Abilities (ITPA). For use with ages 2-0 to 9-6 years. University of Illinois Press, Urbana, Illinois 61801.

Iowa Tests of Basic Skills. For use in grades 3 to 9. Houghton Mifflin, 110 Tremont Street, Boston, Massachusetts 01207.

Iowa Tests of Educational Development. For use in grades 9 to 12. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Learning Test of Achievement in Basic Skills (TABS). For use in grades 1 to 12. Educational and Industrial Testing Service, P.O. Box 7234, San Diego, California 92107.

Lee-Clark Reading Test, 1958 Revision. For use in grades 1, 1 to 2. California Test Bureau, Del Monte Research Park, Monterey, California.

Lincoln Primary Spelling Test. For use in grades 2 to 5. Educational Records Bureau, 116 Maple Avenue, Greenwich, Connecticut 06083.

McKee Inventory of Phonetic Skill. Houghton-Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Metropolitan Achievement Tests. For use in grades 1.5, 2, 3 to 4, 5 to 6, 7 to 9, 9 to 12. Harcourt, Brace and World, Tarrytown, New York.

Metropolitan Reading Test. For use in grades 2 to 9. Harcourt, Brace and World, Tarrytown, New York.

Minnesota High School Achievement Examinations. For use in grades 7 to 12. American Guidance Service, Publisher's Building, Circle Pines, Minnesota 55014.

Monroe Diagnostic Reading Tests and Supplementary Tests. C. H. Stoelting Company, 424 North Homan Avenue, Chicago, Illinois.

National Educational Development Tests. For use in grades 7 to 10. Science Research Associates, 259 East Erie Street, Chicago, Illinois. 60611.

National Merit Scholarship Qualifying Test. For use with second semester juniors and first semester seniors. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Nelson-Denny Reading Test. For use in grades 9 to 12, college students, and adults. Houghton-Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Orzeck Aphasia Evaluation. Western Psychological Services, Box 775, Beverly Hills, California 90213.

Roswell-Chall Auditory Blending Test. For use in grades 1.0 to 5+. Essay Press, P.O. Box 5, Planetarium Station, New York, New York.

Roswell-Chall Diagnostic Reading Test of Word Analysis Skills. For use in grades 2.0 to 4.0. Essay Press, P.O. Box 5, Planetarium Station, New York, New York.

Scholastic Testing Service Tests of Academic Progress. For use in grades 1 to 8. Scholastic Testing Service, Princeton, New Jersey.

Science Research Associates Achievement Series. For use in grades 1 to 2, 2 to 4, 4 to 6, 6 to 9. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Science Research Associates Reading Checklist. For use in grades 1 to 2. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611

Southgate Group Reading Tests. For use with ages 6-0 to 7-6 years, 7-0 to 8-11 years. University of London Press, Limited, St. Paul's House, Warwick Lane, London E.C. 4, England.

Spache Diagnostic Reading Scales. For use with grades 1 to 8. California Test Bureau, Del Monte Research Park, Monterey, California.

Specific Language Disability Test. For use in grades 6 to 8. Educators Publishing Service, 75 Moulton Street, Cambridge, Massachusetts 02138.

Stanford Achievement Test, 1964 Revision. For use in grades 1.5 to 2.5 to 3.9, 4 to 5.5, 5.5 to 6.9, 7 to 9. Harcourt, Brace & World, Tarrytown, New York.

Stanford Reading Tests. For use in grades 1.5 to 9. Harcourt, Brace & World, Tarrytown, New York.

Survey of Primary Reading Development. For use in grades 1 to 3.5. Educational Testing Service (Western Office), 1947 Center Street, Berkeley, California 94704.

Templin-Darley Screening and Diagnostic Tests of Articulation. For use with ages 3 to 8 years. Bureau of Educational Research and Service, State University of Iowa, Iowa City, Iowa.

Tests of Academic Progress. For use in grades 9 to 12. Houghton-Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Traxler High School Reading Test, 1967 Revision. For use in grades 10, 11, and 12. Bobbs-Merrill, 4300 West 62nd Street, Indianapolis, Indiana 46206.

Verbal Language Development Scale. For use with infants and to age 15 years. Western Psychological Services, Box 775, Beverly Hills, California 90213.

Wide Range Achievement Test (WRAT). For use with ages 5 years and over. Psychological Corporation, 304 East 45th Street, New York 10017.

INTELLIGENCE TESTS

Academic Aptitude Tests: Verbal and Non-Verbal. For use in grades 7 to 12. Psychometric Affiliates, Chicago Plaza, Brookport, Illinois 62910

Academic Promise Test. For use in grades 6 to 9. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

American School Intelligence Test. For use in grades K to 3, 4 to 6, 7 to 9, 10 to 12. Bobbs-Merrill Company, 4300 West 62nd Street, Indianapolis, Indiana 46206.

Analysis of Learning Potential (ALP). For use in grades 1 to 12. Harcourt, Brace and World, Tarrytown, New York.

Arthur Point Scale of Performance Tests, Revised Form II. For use with ages 4-0 to adult. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

California Analogies and Reasoning Test. For use in grades 10 to 13. California Test Bureau, Del Monte Research Park, Monterey, California.

California Short-Form Test of Mental Maturity, 1963 Revision. For use in grades K to 1.5, 1 to 3, 3 to 4, 4 to 6, 6 to 7, 7 to 9, 9 to 12, 12 to 16, and adults. California Test Bureau, Del Monte Research Park, Monterey, California.

California Test of Mental Maturity, 1963 Revision. For use in grades 4 to 6, 7 to 9, 9 to 12, 12 to 16, and adults. California Test Bureau, Del Monte Research Park, Monterey, California.

Cattell Culture Fair Intelligence Series. For use with ages 8 to 14 years. Bobbs-Merrill, 4300 West 62nd Street, Indianapolis, Indiana 46206.

Cognitive Abilities Test. For use in grades K to 3. Houghton-Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Columbia Mental Maturity Scale, Revised Edition. For use with mental ages 3-0 to 10-0. Harcourt, Brace and World, Tarrytown, New York,

Culture Fair Intelligence Test. For use with ages 4 to 8 years and mentally defective adults, ages 8 to 13 years and average adults, ages 10 to 16 years and superior adults. Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, Illinois 61820.

Detroit Tests of Learning Aptitude. For use with ages 3 to 15 years. Harcourt, Brace and World, Tarrytown, New York.

Differential Aptitude Tests. For use in Junior and Senior High School. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

Full-Range Picture Vocabulary Test. For use with ages 2-6 years to adults. Psychological Test Specialists, Box 1441, Missoula, Montana 49801.

Goodenough-Harris Drawing Test. For use with ages 3 to 15 years. Harcourt, Brace and World, Tarrytown, New York.

Henmon-Nelson Tests of Mental Ability, Revised Edition. For use in grades 3 to 6, 6 to 9, 9 to 12, 13 to 17. Houghton Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Kuhlmann-Anderson Intelligence Tests. eventh Edition. For use in grades kindergarten, 1 to 2, 3 to 4, 4 to 5, 5 to 7, 7 to 9, 9 to 12. Personnel Press, 20 Nassau Street, Princeton, New Jersey 08540.

Kuhlmann-Finch Intelligence Tests. For use in grades 1 to 12. Bureau of Educational Measurements, Kansas State Teachers College, Emporia, Kansas 66801.

Kuhlmann-Finch Scholastic Aptitude Tests. For use in grades 1 to 12. American Guidance Service, Publisher's Building, Circle Pines, Minnesota 55014.

Leiter International Performance Scale. For use with ages 2-0 years to adult. Western Psychological Services, Box 775, Beverly Hills, California.

Let's Look at Children (Let's Look at First Graders). Educational Testing Service, Princeton, New Jersey.

Lorge-Thorndike Intelligence Tests. For use in grades K to 1, 2 to 3, 4 to 6, 7 to 9, 10 to 12. Houghton Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Merrill-Palmer Scale of Mental Tests. Harcourt, Brace and World, Tarrytown, New York.

Minnesota Preschool Scale. For use with ages 18 months to 6 years. Teacher's College Press, Columbia University, New York, New York 10027.

Multi-Aptitude Test. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

Otis-Lennon Mental Ability Test. For use in grades K to 12.9. Bureau of Educational Measurements, Kansas State Teachers College, Emporia, Kansas 66801.

Otis Quick-Scoring Mental Ability Tests, New Edition. For use in grades 1 to 12. Bureau of Educational Measurements, Kansas State Teachers College, Emporia, Kansas 66801.

Peabody Picture Vocabulary Test (PPVT). For use with ages 1-9 to 18-9 years. American Guidance Service, Publisher's Building, Circle Pines, Minnesota 55014.

Pictorial Test of Intelligence. For use with ages 2-5 to 8-6 years. Houghton Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Pitner-Cunningham Primary Test. For use in grades K to 2. Bureau of Educational Measurements, Kansas State Teachers College, Emporia, Kansas 66801.

Raven Progressive Matrices. For use with ages 5-0 to 11-0 years and mentally retarded adults. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

Science Research Associates Primary Mental Abilities, Revised. For use in grades K to 1, 2 to 4, 4 to 6, 6 to 9, 9 to 12. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Science Research Associates Short Test of Educational Abilities. For use in grades 4 to 6, 6 to 9, 9 to 12. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Science Research Associates Tests of Education Ability, 1962 Edition. For use in grades 4 to 6, 6 to 9, 9 to 12. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

School and College Ability Tests, SCAT Series II. For use in grades 4 to 6, 7 to 9, 10 to 12, 12 to 14. Educational Testing Service, Princeton, New Jersey.

Short Test of Educational Ability. For use in grades K to 12. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Stanford-Binet Intelligence Scale, Form L-M, Third Revision. For use with ages 2-0 through 18-0 years. Houghton Mifflin, 110 Tremont Street, Boston, Massachusetts 02107.

Slosson Intelligence Test. Slosson Educational Publications, 140 Pine Street, East Aurora, New York 14052.

Wechsler Intelligence Scale for Children (WISC-R) For use with ages 5-0 to 15-0 years. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

Wechsler Preschool and Primary Scale of Intelligence (WPPSI). For use with ages 4-0 to 6-6 years (overlapping the WISC in the ages of 5-0 to 6-6). Psychological Corporation, 304 East 45th Street, New York, New York 10017.

PERSONALITY MEASURES

The Adjustment Inventory, 1962 Revision. For use in high school and college. Consulting Psychologists Press, 577 College Avenue, Palo Alto, California 94306.

Billett-Starr Youth Problems Inventory. For use in grades 7 to 9, 10 to 12. Harcourt, Brace and World, Tarrytown, New York.

California Psychological Inventory. For use with ages 13 years and over. Consulting Psychologists Press, 577 College Avenue, Palo Alto, California 94306.

Detroit Adjustment Inventories and Remedial Suggestions. For use with ages 3 to 6 years and 5 to 8 years. Bobbs-Merrill, 4300 West 62nd Street, Indianapolis, Indiana 46206.

Edwards Personality Inventory. For use with high school students, college students and adults. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

Ego Strength Test. For use in grades 7 and over. Psychometric Affiliates, Chicago Plaza, Brookport, Illinois 62910.

Eysenck Personality Inventory. For use with high school students, college students, and adults. Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, Illinois 61820.

IPAT Children's Personality Questionnaire. For use with ages 8 to 12 years. Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, Illinois 61820.

Junior-Senior High School Personality Questionnaire (HSPQ). For use with ages 11 to 18 years. Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, Illinois 61820.

Life Adjustment Inventory. For use in grades 9 to 12. Psychometric Affiliates, Chicago Plaza, Brookport, Illinois 62910.

Mooney Problem Check Lists. For use with adolescents and adults. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

Motivation Analysis Test (MAT). For use in high school and with adults. Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, Illinois 61820.

Omnibus Personality Inventory. For use with older adolescents and young adults. Psychological Corporation, 304 East 45th Street, New York 10017.

Personal Adjustment Inventory. For use with ages 9 through 13 years. Association Press, 291 Broadway, New York, New York.

Rotter Incomplete Sentences Blank. For use with adolescents and adults. Psychological Corporation, 304 East 45th Street, New York, New York 10017.

Science Research Associates Youth Inventory. For use in grades 7 to 12, 9 to 12. Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

BEHAVIOR RATING SCALES

Bower-Lambert Scales

Authors: E. Bower and N. Lambert
Level: Grades K-12

The Bower-Lambert Scales are an example of comprehensive screening instrument. Although it may appear to be somewhat cumbersome to teachers, it actually includes rather simple instruments to administer and score. The data from tests collated and weighted through specific procedures finally result in a total evaluation for each child.

Devereux Elementary School Behavior Rating Scale

Authors: George Spivak and Marshall Swift
Publisher: Devereux Foundation Press
Level: Grades K-6

This checklist consists of eleven areas including classroom disturbance, impatience, inattentive-withdrawn, and need for closeness to the teacher. Forty-seven items are included in the test--forty-four items from the eleven areas and three additional items that cover academic work habits. This behavior checklist is specifically related to classroom achievement.

Walker Problem Behavior Identification Checklist

Author: Hill M. Walker
Publisher: Western Psychological Services
Level: Grades 4-6

This checklist is designed to be used by classroom teachers. It consists of fifty statements describing children's behaviors. The following five factors of behavior are evaluated:

1. Acting-out behaviors such as disruptive, aggressive, or defiant behavior.
2. Withdrawal such as avoidance and restricted functioning
3. Distractibility including short attention span and inadequate social skills.
4. Disturbed peer relations such as inadequate social skills and a negative self image.
5. Immature or otherwise dependent behavior.

Devereux Child Behavior Rating Scale

Authors: George Spivak and Jules Spotts
Publisher: Devereux Foundation Press
Level: Ages 8-12 years.

This is a rating instrument that can be used by clinicians, child care workers, parents, and others who have had close relationships with a child over a period of time. Seventeen scores are allowed, including such areas as distractibility, emotional detachment, susceptibility, emotional detachment, susceptibility to emotional upset, and social aggression. About 10 to 20 minutes are required to administer this scale.

California Test of Personality
Authors: Louis Thorpe, Willis Clark, and Ernest Tiegs
Publisher: California Test Bureau
Level: Grade K-adult

The California Test of Personality covers five levels of personality development by grade. A total of sixteen areas are tested, including self-reliance, feeling of belonging, social skills, and antisocial tendencies. Extensive research is available for the teacher who wishes to use this instrument. (Buros, 1965).

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APPENDIX B

FILMS

A thorough listing and complete description of all movies available or useful for the understanding of children with behavior disorders is beyond the scope of this Appendix. The attempt here is to list some movies that have been deemed useful. The appropriateness of any film depends on many factors, including the philosophic orientation of those using the film, the nature and purpose of the educational enterprise proposed or in progress, time and funds available, limitations imposed by the age of the students, and many other variables.

This list is not, of course, a comprehensive list. Purchase and rental prices shown reflect information available at the time of this writing and may be subject to change by the distributor. It might be wise to contact distributors regarding prices and availability.

A SELECTED LIST OF FILMS RELATING TO BEHAVIOR DISORDERS

Aggressive Child

Black and white, 28 minutes. The purpose of this film is to show that serious emotional problems often underlie difficult or puzzling behavior in children. Distributor: National Association of Mental Health, 267 West 25th Street, New York, New York. Purchase: $150.00.

Assessing Attending Behavior

Multi-media module develops behavior modification principles of assessing interfering behaviors for teachers of exceptional children. Distributor: Curricular Improvement Center, 1300 Cooper Street, Punta Gorda, Florida. Purchase: Consult Distributor

Behavior Modification

Methods demonstrated for promoting and reinforcing response in psychotic children to teach them concentration, speech, visual discrimination, etc. Color, 42 minutes. Distributor: Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 07632. Purchase: $550.00. Rental: $45.00

16 mm Films

A Time for Georgia (b & w; 14 minutes)
Captioned Films for the Deaf
624 East Walnut Street, Suite 223
Indianapolis, Indiana 46204

A pre-school workshop is the setting of this film, which shows children who are experiencing social, emotional, and learning disabilities. The film focuses on Georgia, a 4-year-old who exhibits autistic behaviors. Audience: college or professional level persons interested in early identification and placement of handicapped children.

Activity Group Therapy (b & w; 56 minutes)
Center for Mass Communication of Columbia University Press
440 West 110th Street
New York, New York 10025

Activity Group Therapy (continued)

Activity group therapy was developed using hidden cameras over a two-year period. The film shows emotionally disturbed boys aged 10 and 11 years during various therapy situations. Audience: Child care workers, clinicians, and teachers.

Aggressive Child (b & w; 28 minutes)

The film shows Phillip, an intelligent 6-year-old, whose disruptive behavior stimulates the authorities to suggest psychiatric help to the parents. Audience: professionals and parents. Film shows real patients in a therapeutic situation.

Angry Boy (b & w; 33 minutes)
McGraw-Hill Book Company
330 West 42nd Street
New York, New York 10036

This film shows a traditional team approach of a mental health clinic as they interact with a 10-year-old boy who has been caught stealing. Audience: mental health workers and teachers.

Autism's Lonely Children (b & w; 20 minutes)
Audio-Visual Center
Indiana University
Bloomington, Indiana 47405

This film investigates the problem of the autistic child within the neuro-psychiatric school at the University of California at Los Angeles. It shows the isolation of autism and how it is helped by the use of a "learning box." Audience: college and professional persons interested in severe emotional problems.

Battered Child: (b & w; 58 minutes)
Audio-Visual Center
Indiana University
Bloomington, Indiana 47405

This is a documentary of child abuse by a team of professionals at the University of Colorado. In the film the team discusses the cause and effects of child abuse. Audience: teachers, parents, child care workers, and medical personnel.

Beach Interview (b & w; 27 minutes)
Wediko Films
267 West 25th Street
New York, New York 10001

This film shows the use of life space interview techniques with two boys who demand to leave camp while they are upset by camp events. Audience: professionals interested in the use of life space interview techniques with disturbed children.

Behavior Modification: Teaching Language to Psychotic Children (color; 42 minutes)
Film Library
Prentice Hall, Inc.
Englewood Cliffs, New Jersey 07632

This film is based on the work of Ivar Lovaas at the University of California at Los Angeles. It shows reinforcement and stimulus fading techniques that are used in language development with psychotic children. Audience: professionals interested in language development and behavior modification with psychotic children.

Boy with a Knife (b & w; 19 minutes)
International Films Bureau
332 South Michigan Avenue
Chicago, Illinois 60608

A gang of boys are headed for problems with the law when a group worker is able to reach them. The film is a reenactment of a case story from the films of a Los Angeles youth service agency. Audience: teachers, social workers, and others working with delinquent youth.

Boys in Conflict (b & w; 72 minutes)
Wediko Films
267 West 25th Street
New York, New York 10001

This is a feature-length film that covers one camp counselor's day-to-day experiences with nine boys who are experiencing emotional and behavioral problems. It is an overview of an entire summer camp experience. Audience: professionals interested in working with disturbed boys; it is excellent for discussion purposes.

Broken Bridge (color; 35 minutes)
Time-Life Films, Inc.
43 West 16th Street
New York, New York 10011

This film shows actual therapy sessions with autistic children by Irene Kassoria. Over a period of 6 months Dr. Kassoria is able to penetrate the walls that imprison these children. Using a three-step technique, she (1) teaches imitation, (2) teaches children to answer questions, and (3) finally teaches techniques for asking questions. Audience: professionals, college students, and others interested in child care.

Bruce (b & w; 26 minutes)
Wediko Films
267 West 25th Street
New York, New York 10001

Bruce is a 13-year-old boy who is unable to control his impulses. He is in constant conflict with those around him. This is filmed in a summer camp setting. Audience: professionals who are interested in disturbed boys in a summer camp setting should find this film excellent for discussion purposes.

Child Behind the Wall (b & w; 30 minutes)
SK & F Services Department
Smith, Kline and French Laboratories
1500 Spring Garden Street
Philadelphia, Pennsylvania 19101

This is a filmed documentary of an emotionally disturbed child undergoing treatment at the child study center of the Institute of Pennsylvania Hospital, Philadelphia. Audience: teachers, parents, and others interested in the emotionally disturbed child. It provides an excellent overview for public understanding of problems of disturbance.

Children in the Hospital (b & w; 44 minutes)

International Film Bureau, Inc.
332 South Michigan Avenue
Chicago, Illinois 60604

The film records the spontaneous activity of children in the wards of Boston City Hospital. It illustrates the emotional responses of children 4 to 8 years of age to the stress of hospitalization, illness, and separation from parents. Audience: child care workers who want to learn about childhood reaction to stress.

Delinquent Child (color; 32 minutes)
Wyeth Film Library
P.O. Box 8299
Philadelphia, Pennsylvania 19101

This film shows the experiences of a delinquent child, who is also disturbed, in an institutional setting. The film shows a therapeutic program, including medical management and adjunctive therapy. Audience: professional child care workers interested in delinquent children.

Discipline and Self-Control (b & w; 25 minutes)
Duart Film Laboratories
245 West 55th Street
New York, New York 10019

The film discusses the problems of discipline and how teachers can develop control in a friendly atmosphere. The dangers of too much and too little control are pointed out. Audience: teachers interested in working with children in conflict.

Early Treatment of the Mentally Ill (b & w; 29 minutes)
Audio-Visual Center
Indiana University
Bloomington, In diana 47405

This film outlines the history of insanity through the Middle Ages, including the healing techniques used by Romans and Greeks. Audience: Adults interested in the history of mental illness.

Girl in Danger (b & w; 28 minutes)
McGraw-Hill Book Company
330 West 42nd Street
New York, New York 10036

This film shows the problems of a teen-age girl as she becomes entangled in various emotional conflicts, running away, stealing, and breaking the rules. Efforts to help her to develop emotional maturity and responsibility are shown. Audience: teachers, counselors, and other child care workers.

One to Grow On series
National Institute of Mental Health Film Collection
National Audiovisual Center (GSA)
Washington, D.C. 20409

He Comes From Another Room (color; 28 minutes)
This film discusses the integration process of Chris and David, two of seven children from a special class. It outlines the process of mainstreaming with support from various school staff and ancillary personnel. Audience: school staffs interested in mainstreaming.

Other films in the series include the following color films:

Act II--Lindsey
Sarah
A Pretty Good Class for a Monday

These three films are all set in a high school and can be described as problem films with the participants providing solutions to the problem situations.

Individuals
A Teacher in Reflection
Learning Strategies

These three films are all set in an elementary school and present problems and propose solutions to the viewer. Audience: all of these films are intended for those who are interested in the mental health of children in the classroom.

Jamie: A Behavioral Approach to Family Intervention (b & w; 15 minutes)
Neuropsychiatric Institute
MRCPP Media Unit, Room 48-208
760 Westwood Plaza
Los Angeles, California 90024

This film shows how parents of a disturbed child can receive help from a behavioral approach. Behavior therapy is used with a 5-year-old child, and discussions with parents are shown. It is an excellent film for parent interaction. Audience: parents, child care workers, and teachers.

Jennifer is a Lady (b & w; 26 minutes)
New York University Film Library
26 Washington Place
New York, New York 10003

This film shows teaching techniques used with autistic children who are attending a preschooler's workshop. Audience: teachers and other professionals interested in language development with disturbed preschool children.

Johnny (b & w; 32 minutes)
Wediko Films
267 West 25th Street
New York, New York 10001

This film shows Johnny, a 9-year-old boy, as he tries to gain control over his feelings and find more appropriate ways to communicate. It is a highly controversial film, which adds to its teaching potential through discussion. Audience: excellent film for discussion among professionals interested in emotionally disturbed boys.

Madison Plan (color; 28 minutes)
Santa Monica Project
1723 4th Street
Santa Monica, California 90401

This film is a follow-up of the Santa Monica Project, which shows how various exceptionalities can be handled in a larger group setting. Audience: teachers.

No Two Kids Are Alike (color; 28 minutes)
Captioned Films for the Deaf
624 East Walnut Street, Suite 223
Indianapolis, Indiana 46204

This film suggests ways of helping parents maintain control of emotionally disturbed children so that gains made in school will not be undone at home. It stresses individual differences of children who are handicapped. Audience: parents and teachers.

One Hour a Week (color; 15 minutes)
Captioned Films for the Deaf
624 East Walnut Street, Suite 223
Indianapolis, Indiana 46204

This film shows the program at the League School for Seriously Disturbed Children, which trains mothers to deal with special problems of their disturbed children. The program is designed to help parents who want to keep their disturbed child at home rather than in an institution. Audience: parents of disturbed children and teachers.

Peer Conducted Behavior Modification (b & w; 30 minutes)
Neuropsychiatric Institute
MRCPP Media Unit, Room 78-208
760 Westwood Plaza
Los Angeles, California 90024

This film illustrates a unique approach to dealing with a disturbed child through peer interaction. Parents are shown how the child's peers and their parents can be mobilized to help modify behavior problems. Audience: parents and teachers interested in the role of parents and peers in behavior modification.

Point of View: A Comparison of Play-Centered Therapy and Behavior Modification (color; 20 minutes)
Captioned Films for the Deaf
624 East Walnut Street
Indianapolis, Indiana 46204

This film compares and explores the differences between two approaches to therapy. Audience: professionals working with handicapped children.

Prior and Present Experience (b & w; 30 minutes)
Audio-Visual Center
Indiana University
Bloomington, Indiana 47401

This film demonstrates the need for teachers to consider the background differences between themselves and those they teach. These differences are pointed out as a result of a field trip to the museum. Audience: college level students and professionals in education.

Problem Children (b & w; 20 minutes)
SWS Films
744 North Fuller Avenue
Hollywood, California 90016

This film shows how two boys, one acting out and aggressive and the other withdrawn, can be helped in school. Audience: teachers interested in a variety of behavioral problems.

Randy (b & w; 27 minutes)
Wediko Films
267 West 25th Street
New York, New York 10001

This film shows Randy, one of the more seriously disturbed children at Camp Wediko. Randy, aged 11 years, is shown being helped by four different counselors. Audience: professionals interested in severely disturbed boys.

Referred for Underachievement (b & w; 35 minutes)
Center for Mass Communication of Columbia University Press
440 West 110th Street
New York, New York 10025

Leo, a 12-year-old child, is referred for underachievement and because of his unsatisfactory performance to the Child Psychiatric Unit of Massachusetts General Hospital. Audience: adults interested in family interviewing.

Rewards and Reinforcements (b & w; 26 minutes)
Audio-Visual Center
Indiana University
Bloomington, Indiana 47401

This film demonstrates the principles of operant conditioning in teaching economically underprivileged children. Reinforcers include candy, money, clothes, and other material objects. Audience: Professionals interested in operant conditioning with economically deprived children.

Santa Monica Project (color; 28 minutes)
Santa Monica Project
1723 4th Street
Santa Monica, California 90401

The film outlines the behavior modification techniques used in the project during a contrived setting. Audience: those interested in educational intervention with behaviorally disordered children.

School (b & w; 30 minutes)
Grove Press, Inc.
80 University Place
New York, New York 10003

This film shows the educational approach used during the filming of Warrendale. Footage of this film was also produced during the shooting of the film Warrendale. Audience: teachers.

Self Management of Behavior (b & w; 33 minutes)
Neuropsychiatric Institute
MRCPP Media Unit, Room 78-208
760 Westwood Plaza
Los Angeles, California 90024

This film shows two behavior-problem children, an 11-year-old who is living in a residential treatment program and a 7-year-old who is being treated as an outpatient. The film has commentary by B.F.Skinner and shows self-intervention behavior modification. Audience: teachers and child care workers.

Springtime for Hugo (color; 900 feet)
Technifilm, Inc.
919 North 19th Avenue
Portland, Oregon 97209

This film describes a public school program in Parkrose School District, Oregon. Techniques used with emotionally disturbed children are shown. Audience: teachers.

Street Corner Research (b & w; 30 minutes)
Center for Mass Communication of Columbia University Press
440 West 110th Street
New York, New York 10025

A psychologist goes to the street corner to search out clients. The film reports the results of such an encounter. Audience: adult audiences interested in social maladjustment and counseling of young adults.

Toddler Management (color; 22 minutes)
Captioned Films for the Deaf
624 East Walnut Street, Suite 223
Indianapolis, Indiana 46204

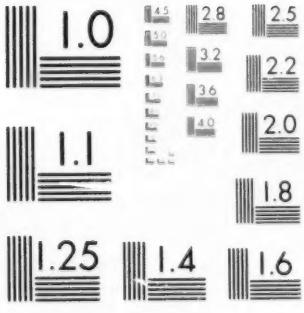
A demonstration film showing mothers how to cope with oppositional behavior of emotionally disturbed children. Mid-Cumberland Regional Intervention Program at Nashville, Tennessee, is the site of this filming. Audience: parents, teachers, and counselors.

The Better Way...Learning to Care (color; 16½ minutes)
Aims Instructional Media Services, Inc.
P.O. Box 1010
Hollywood, California 90028

A documentary film showing how a dance teacher sees the self confidence of troubled girls develop. Las Palmas School for Girls is the scene of this film. Audience: professional persons working with young adults, police, teachers, social workers, college students, and those interested in the values of dance as therapy.

The Neglected (b & w; 30 minutes)
International Film Bureau, Inc.
332 South Michigan Avenue
Chicago, Illinois 60604

This film discusses the neglected child and his family as well as reasons for this neglect and/or abuse. The film suggests ways in which the child protective agencies can change family behavioral patterns that are dangerous and unhealthy. Audience: child care workers and teachers.



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS 1963-A

The Quiet One (b & w; 67 minutes)
McGraw-Hill Book Company
330 West 42nd Street
New York, New York 10036

A child who is extremely lonely is shown as he slowly becomes involved in delinquent acts to achieve those things he has been unable to gain in other ways. Audience: teachers and mental health workers.

The World Outside (b & w; 31 minutes)
S-L Film Production
5126 Hartwick Street
Los Angeles, California 90041

This award-winning film shows how two severely emotionally disturbed children are helped by skilled therapists to see the world outside. Audience: teachers, counselors, and psychologists.

Time's Lost Children (color; 29 minutes)
Audio-Visual Center, Indiana University
Bloomington, Indiana 47401

The private world of the autistic child is reviewed in this film by parents, teachers, and physicians. Parents tell how their children appeared to be normal until they were 2 or 3 years of age. Audience: professionals and parents interested in children with autistic behavior and ways to deal with it; excellent as introductory overview of autism.

Troubled Campers (b & w; 18 minutes)
Wediko Films
267 West 25th Street
New York, New York 10001

This film provides an overview of the problems of disturbed children attending Camp Wediko. It is very useful for discussion purposes. Audience: professionals interested in working with disturbed boys.

Warrendale (b & w; 105 minutes)
Grove Press, Inc.
80 University Place
New York, New York 10003

This feature-length film is a dramatic portrayal of the emotionally disturbed. The film was made in Canada. Audience: anyone interested in emotional disturbance in children.

Who Is This Child (b & w; 30 minutes)
Buffalo Regional SEIMC
New York State Education Department
Media Materials Distribution Center
55 Elk Street
Albany, New York 12224

A case study technique is used to show how the disturbed child can be identified. An autistic child is shown attending a regular public school class, and an acting-out child is shown attending a residential treatment center. It is an excellent overview film. Audience: teachers and child care workers interested in definition of emotional disturbance.

Who Shall Help This Child (b & w; 20 minutes)
Buffalo Regional SEIMC
New York State Education Department
Media Materials Distribution Center
55 Elk Street
Albany, New York 12224

This film overviews techniques for helping emotionally disturbed children; residential programs, BOCES programs, resource rooms, teacher mothers, etc. Audience: teachers, child care workers, and parents.

Why Vandalism (b & w; 17 minutes)
Encyclopedia Brittanica Corporation
425 North Michigan Avenue
Chicago, Illinois 60611

This film tries to show the causes that underlie acts of vandalism performed by three boys. In this case the problems are thought to include character traits and environmental factors. Audience: teachers and workers with juvenile offenders.

*This listing was developed by Henry R. Reinert, Chairman, Department of Special Learning Problems, University of Northern Colorado School of Special Education, Greeley, Colorado.

APPENDIX C

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